Health ABC

HABC Enrollment ID #	Acrostic	Date Form Completed	Staff ID #
H		/ /	
BCID	BCACROS	Month Day Year BCDATE	BCSTFID

YEAR 2 QUESTIONNAIRE

Date of 6-month Follow-up Contact Interview: ☐☐ / ☐☐ / ☐☐
Month Day Year

(Interviewer Note: Refer to Data From Baseline Visit Form.)

1. In general, how would you say your health is? **BCHSTAT**
(Interviewer Note: Read response options.)

- [1] Excellent
- [2] Very good
- [3] Good
- [4] Fair
- [5] Poor
- [8] Don't know
- [7] Refused

2. Since your last phone interview about 6 months ago, did you stay in bed all or most of the day because of an illness or injury? Please include days that you were a patient in a hospital. Please include days in bed. **BCBED12**

- [1] Yes
- [0] No
- [8] Don't know
- [7] Refused

About how many days did you stay in bed all or most of the day because of an illness or injury? Please include days that you were a patient in a hospital.
(Interviewer Note: If necessary, probe - "If you are unsure, please make your best guess.")

☐☐☐ days **BCBEDDAY**

3. Since your last phone interview about 6 months ago, did you cut down on the things you usually do, such as going to work or working around the house, because of an illness or injury? Please include days in bed. **BCCUT12**

- [1] Yes
- [0] No
- [8] Don't know
- [7] Refused

How many days did you cut down on the things you usually do because of illness or injury? Please include days in bed.
(Interviewer Note: If necessary, probe - "If you are unsure, please make your best guess.")

☐☐☐ days **BCCUTDAY**

Page Link # ☐ **BCLINK**

Annotated Version 1.1, 1/29/2001 pjm
Version 1.1, 7/30/98
Draft

4. Because of a health or physical problem, do you have any difficulty walking a quarter of a mile, that is about 2 or 3 blocks? ***(Interviewer Note: If the participant responds "Don't do," probe to determine whether this is because of a health or physical problem. If the participant doesn't walk because of a health or physical problem, check "Yes." If the participant doesn't walk for other reasons, check "Don't do.")*** **BCDWQMYN**

- 1 Yes
- 0 No → Go to Question #4c
- 8 Don't know → Go to Question #4c
- 7 Refused → Go to Question #4c
- 9 Don't do → Go to Question #4b

a. How much difficulty do you have? ***(Interviewer Note: Read response options.)***

BCDWQMDF

- 1 A little difficulty
- 2 Some difficulty
- 3 A lot of difficulty
- 4 Or are you unable to do it?
- 8 Don't know

b. What is the main reason that you have difficulty? Is it because of arthritis, shortness of breath, heart disease, or some other reason?
(Interviewer Note: If "some other reason," probe for response. Do NOT read response options. Mark only ONE answer.)

BCMNRS

- 1 Arthritis
- 2 Back pain
- 3 Balance problems/unsteadiness on feet
- 4 Cancer
- 5 Chest pain/discomfort
- 6 Circulatory problems
- 7 Diabetes
- 8 Fatigue/tiredness (no specific disease)
- 9 Fall
- 10 Heart disease (including angina, congestive heart failure, etc)
- 11 High blood pressure/hypertension
- 12 Hip fracture
- 13 Injury (Please specify: _____)
- 14 Joint pain
- 15 Lung disease (asthma, chronic bronchitis, emphysema, etc)
- 16 Old age (no mention of a specific condition)
- 17 Osteoporosis
- 18 Shortness of breath
- 19 Stroke

BCMNRS4

- 1 Other symptom (Please specify: _____)
- 2 Multiple conditions/symptoms given; unable to determine MAIN reason
- 8 Don't know

Go to Question #5

4c. How easy is it for you to walk a quarter of a mile?
(Interviewer Note: Read response options.)

BCDWQMEZ

- **1** Very easy
- **2** Somewhat easy
- **3** Or not that easy
- **8** Don't know/Don't do

4d. Do you get tired when you walk a quarter of a mile?

BCDWQMT2

- **1** Yes
- **0** No
- **8** Don't know/Don't do

4e. Because of a health or physical problem, do you have any difficulty walking a distance of one mile, that is about 8 to 12 blocks?

BCDW1MYN

- **1** Yes → Go to Question #5
- **0** No → Go to Question #4f
- **8** Don't know/Don't do → Go to Question #4f

4f. How easy is it for you to walk one mile?
(Interviewer Note: Read response options.)

BCDW1MEZ

- **1** Very easy
- **2** Somewhat easy
- **3** Or not that easy
- **8** Don't know/Don't do

5. Because of a health or physical problem, do you have any difficulty walking up 10 steps, that is about 1 flight, without resting? ***(Interviewer Note: If the participant responds "Don't do", probe to determine whether this is because of a health or physical problem. If the participant doesn't walk up 10 steps because of a health or physical problem, check "Yes". If the participant doesn't walk up steps for other reasons, such as there are simply no steps in the area, check "Don't do".)*** **BCDW10YN**

- 1 Yes
- 0 No → Go to Question #5c
- 8 Don't know → Go to Question #5c
- 7 Refused → Go to Question #5c
- 9 Don't do → Go to Question #6

a. How much difficulty do you have?
(Interviewer Note: Read response options.)

BCDIF

- 1 A little difficulty
- 2 Some difficulty
- 3 A lot of difficulty
- 4 Or are you unable to do it?
- 8 Don't know

b. What is the main reason that you have difficulty? Is it because of arthritis, shortness of breath, heart disease, or some other reason?
(Interviewer Note: If "some other reason," probe for response. Do NOT read response options. Mark only ONE answer.) **BCMNRS2**

- 1 Arthritis
- 2 Back pain
- 3 Balance problems/unsteadiness on feet
- 4 Cancer
- 5 Chest pain/discomfort
- 6 Circulatory problems
- 7 Diabetes
- 8 Fatigue/tiredness (no specific disease)
- 9 Fall
- 10 Heart disease (including angina, congestive heart failure, etc)
- 11 High blood pressure/hypertension
- 12 Hip fracture
- 13 Injury (Please specify: _____)
- 14 Joint pain
- 15 Lung disease (asthma, chronic bronchitis, emphysema, etc)
- 16 Old age (no mention of a specific condition)
- 17 Osteoporosis
- 18 Shortness of breath
- 19 Stroke
- 1 Other symptom (Please specify: _____) **BCMNRS3**
- 2 Multiple conditions/symptoms given; unable to determine MAIN reason
- 8 Don't know

Go to Question #6

5c. How easy is it for you to walk up 10 steps without resting?
(Interviewer Note: Read response options.)

- 1 Very easy
- 2 Somewhat easy
- 3 Or not that easy
- 8 Don't know/Don't do

BCDW10EZ

5d. Do you get tired when you walk up 10 steps without resting?

- 1 Yes
- 0 No
- 8 Don't know/Don't do

BCDW10WX

5e. Because of a health or physical problem, do you have any difficulty walking up 20 steps, that is about 2 flights, without resting?

- 1 Yes → Go to Question #6
- 0 No → Go to Question #5f
- 8 Don't know/Don't do → Go to Question #5f

BCDW20YN

5f. How easy is it for you to walk up 20 steps without resting?
(Interviewer Note: Read response options.)

- 1 Very easy
- 2 Somewhat easy
- 3 Or not that easy
- 8 Don't know/Don't do

BCDW20EZ

6. Do you have to use a cane, walker, crutches, or other special equipment to help you get around?

BCEQUIP 1 Yes 0 No 8 Don't know 7 Refused

7. Because of a health or physical problem, do you have any difficulty standing up from a chair without using your arms? **BCDIFSTA**

1 Yes 0 No 8 Don't know 7 Refused

How much difficulty do you have?
(Interviewer Note: Read response options.)

1 A little difficulty
2 Some difficulty
3 A lot of difficulty
4 Or are you unable to do it?
8 Don't know

BCDSTAMT

How easy is it for you to stand up from a chair without using your arms?
(Interviewer Note: Read response options.)

1 Very easy
2 Somewhat easy
3 Or not that easy
8 Don't know

BCEZSTA

8. Do you have any difficulty stooping, crouching or kneeling?
(Interviewer Note: "Difficulty" refers to difficulty getting down AND/OR getting back up.)

BCDIFSCK 1 Yes 0 No 8 Don't know 7 Refused

How much difficulty do you have?
(Interviewer Note: Read response options.)

1 A little difficulty
2 Some difficulty
3 A lot of difficulty
4 Or are you unable to do it?
8 Don't know

BCDSCKAM

How easy is it for you to stoop, crouch, or kneel?
(Interviewer Note: Read response options.)

1 Very easy
2 Somewhat easy
3 Or not that easy
8 Don't know

BCEZSCK

9. Because of a health or physical problem, do you have any difficulty getting in and out of bed or chairs?

BCDIOYN [1] Yes [0] No [8] Don't know [7] Refused

How much difficulty do you have?
(Interviewer Note: Read response options.)
[1] A little difficulty
[2] Some difficulty
[3] A lot of difficulty
[4] Or are you unable to do it?
[8] Don't know

BCDIODIF

Do you usually receive help from another person when you get in and out of bed or chairs?
[1] Yes [0] No [8] Don't know

BCDIORHY

10. Do you have any difficulty bathing or showering? **BCBATHYN**

[1] Yes [0] No [8] Don't know [7] Refused

How much difficulty do you have?
(Interviewer Note: Read response options.)
[1] A little difficulty
[2] Some difficulty
[3] A lot of difficulty
[4] Or are you unable to do it?
[8] Don't know

BCBATHDF

Do you usually receive help from another person in bathing or showering?
[1] Yes [0] No [8] Don't know

BCBATHRH

11. Because of a health or physical problem, do you have any difficulty dressing?

[1] Yes [0] No [8] Don't know [7] Refused

BCDDYN

How much difficulty do you have?
(Interviewer Note: Read response options.)
[1] A little difficulty
[2] Some difficulty
[3] A lot of difficulty
[4] Or are you unable to do it?
[8] Don't know

BCDDDIF

Do you usually receive help from another person in dressing?
[1] Yes [0] No [8] Don't know

BCDDRHYN

Page Link #

12. Do you have any difficulty raising your arms up over your head? **BCDIFARM**

[1] Yes → How much difficulty do you have? ***(Interviewer Note: Read response options.)***

- [1] A little difficulty
- [2] Some difficulty
- [3] A lot of difficulty
- [4] Or are you unable to do it?
- [8] Don't know

BCDARMAM

[0] No / [8] Don't know → How easy is it for you to raise your arms up over your head? ***(Interviewer Note: Read response options.)***

- [1] Very easy
- [2] Somewhat easy
- [3] Or not that easy
- [8] Don't know

BCEZARM

[7] Refused

13. Do you have any difficulty using your fingers to grasp or handle? **BCDIFFN**

[1] Yes → How much difficulty do you have? Would you say...

- [1] A little difficulty
- [2] Some difficulty
- [3] A lot of difficulty
- [4] Or are you unable to do it?
- [8] Don't know

BCDIFNAM

[0] No / [8] Don't know / [7] Refused

14. Because of a health or physical problem, do you have any difficulty lifting or carrying something weighing 10 pounds, for example a small bag of groceries or an infant?

BCDIF10

1 Yes

0 No

8 Don't know

7 Refused

How much difficulty do you have?
(Interviewer Note: Read response options.)

1 A little difficulty

2 Some difficulty

3 A lot of difficulty

4 Or are you unable to do it?

8 Don't know

BCD10AMT

Go to Question #15

How easy is it for you to lift or carry something weighing 10 pounds?
(Interviewer Note: Read response options.)

1 Very easy

2 Somewhat easy

3 Or not that easy

8 Don't know

BCEZ10LB

Do you have any difficulty lifting or carrying something weighing 20 pounds, for example a large full bag of groceries?

BCD20LBS

1 Yes

0 No

8 Don't know

Go to Question #15

How easy is it for you to lift or carry something weighing 20 pounds?
(Interviewer Note: Read response options.)

1 Very easy

2 Somewhat easy

3 Or not that easy

8 Don't know

BCEZ20LB

15. Do you have any difficulty doing heavy work around the house like vacuuming, shoveling snow, mowing or raking the lawn, gardening, or scrubbing windows, walls or floors?
(Interviewer Note: If a participant responds, "I can do them but my doctor says I'm not allowed," or "I could do them but I chose not to do them," probe by re-asking the stem question about whether they <u>would</u> have any difficulty doing heavy work around the house. If the participant responds, "No," check "No" and ask the follow-up question.)

BCDIFHW 1 Yes 0 No 8 Don't know 7 Refused

How much difficulty do you have? ***(Interviewer Note: Read response options.)***

1 A little difficulty
2 Some difficulty
3 A lot of difficulty
4 Or are you unable to do it?
8 Don't know

BCDHWAMT

How easy is it for you to do heavy work around the house? ***(Interviewer Note: Read response options.)***

1 Very easy
2 Somewhat easy
3 Or not that easy
8 Don't know

BCEZHW

PHYSICAL ACTIVITY and EXERCISE

Now I am going to ask some questions about the type and amount of physical activity that you did in the past 12 months and what you usually do in a typical week.

16. In the past 12 months, did you walk up a flight of stairs (a flight is about 10 steps), at least 10 times?

1 Yes 0 No 8 Don't know 7 Refused **BCFS12MO**

0, 8, 7 → Go to Question #17

a. In the past 7 days, did you walk up a flight of stairs? **BCS7DAY**

1 Yes 0 No 8 Don't know

0 → Go to Question #17

b. About how many flights did you walk up in the past 7 days? If you are unsure, please make your best guess.

BCFSNUM ☐☐☐ flights -1 Don't know **BCFSNUMD**

c. About how many of these flights did you walk up carrying a small load like laundry, groceries, or an infant?

☐☐☐ flights -1 Don't know **BCFSLODK**

BCFSLOAD

Page Link #

17. In the past 12 months, did you go walking for exercise, at least 10 times? **BCEW12MO**

[1] Yes [0] No [8] Don't know [7] Refused

[0] [8] [7] → Go to Question #18

[1] →

In the past 7 days, did you go walking for exercise? **BCEW7DAY**

[1] Yes [0] No

[1] →

a. How many times did you go walking for exercise in the past 7 days?

BCEWTIME [ ][ ] times

BCEWTMDK [-1] Don't know

b. About how much time, on average, did you spend walking each time you walked (excluding rest periods)?
(Interviewer Note: If less than 1 hour, record number of minutes.)

BCEWHRS [ ][ ] Hours [ ][ ] Minutes **BCEWMINS**

BCEWTDK [-1] Don't know

c. When you walk for exercise, do you usually walk at a brisk pace *(as fast as you can),* a moderate pace, or at a leisurely stroll?

BCEWPACE
[1] brisk
[2] moderate
[3] stroll
[8] Don't know

d. About how many blocks, on average, did you walk each time?

[ ][ ] blocks

BCEWBLUK [-1] Number of blocks unknown

BCEWBLOX →

Do you know how far you usually walk in something other than blocks, e.g., mall lengths, miles, laps around a track? **BCEWKNOW**

[1] Yes [0] No

[1] →

a. What is the unit of measure? **BCEWUNIT**

[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

b. How many do you walk, on average?

[ ][ ][ ] units

BCEWNUMU

[-1] Don't know

BCEWUNDK

[0] →

What is the main reason you did not go walking for exercise in the past 7 days?
(Interviewer Note: OPTIONAL - Show card #1.)

BCEWREAS
[1] bad weather
[2] not enough time
[3] injury
[4] health problems
[5] lost interest
[6] felt unsafe
[7] not necessary
[8] other

→ Go to Question #18

Page Link # [ ]

18. In the past 12 months, did you do any other type of walking, such as walking to work, the store, to church, or walking the dog, at least 10 times? **BCOW12MO**

[1] Yes [0] No [8] Don't know [7] Refused

[0] No / [8] Don't know / [7] Refused → Go to Question #19

[1] Yes → In the past 7 days, did you do other walking? **BCOW7DAY**

[1] Yes [0] No

a. How many times did you do other walking in the past 7 days?

BCOWTIME [ ][ ] times **BCOWTMDK** [-1] Don't know

b. About how much time, on average, did you spend doing other walking each time you walked *(excluding rest periods)*?
(Interviewer Note: If less than 1 hour, record number of minutes.)

BCOWHRS [ ][ ] Hours [ ][ ] Minutes **BCOWMINS** **BCOWTDK** [-1] Don't know

c. When you do other walking, do you usually walk at a brisk pace *(as fast as you can)*, a moderate pace, or at a leisurely stroll? **BCOWPACE**

[1] brisk
[2] moderate
[3] stroll
[8] Don't know

d. About how many blocks, on average, did you walk each time? **BCOWBLUK**

[ ][ ] blocks [-1] Number of blocks unknown

BCOWBLOX

Do you know how far you usually walk in something other than blocks, e.g., mall lengths, miles, laps around a track? **BCOWDIST**

[1] Yes [0] No

a. What is the unit of measure? **BCOWUNIT**

[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

b. How many do you walk, on average?

[ ][ ][ ] units **BCOWNUMU** [-1] Don't know **BCOWUNDK**

[0] No → What is the main reason you did not do other walking in the past 7 days? ***(Interviewer Note: OPTIONAL - Show card #1.)***

[1] bad weather
[2] not enough time
[3] injury **BCOW7DNW**
[4] health problems
[5] lost interest
[6] felt unsafe
[7] not necessary
[8] other

→ Go to Question #19

Page Link # [ ]

19. In the past 12 months, did you do any high intensity exercise such as bicycling, swimming, jogging, racquet sports or using a stair-stepping, rowing or cross country ski machine or exercycle, at least 10 times? **BCHI12MO**

[1] Yes
[0] No
[8] Don't know
[7] Refused

[0] / [8] / [7] → Go to Question #20

[1] Yes →

In the past 7 days, did you do high intensity exercise activities? **BCHI7DAY**

[1] Yes
[0] No

a. What activity(ies) did you do?
(Interviewer Note: OPTIONAL - Show card #2. Check all that apply.)

- [-1] bicycling/exercycle **BCHIABE**
- [-1] swimming **BCHIASWM**
- [-1] jogging **BCHIAJOG**
- [-1] aerobics **BCHIAAER**
- [-1] stair-stepping **BCHIASS**
- [-1] racquet sports **BCHIARS**
- [-1] rowing machine **BCHIAROW**
- [-1] cross country ski machine **BCHIASKI**
- [-1] other ***(Please specify):*** **BCHIAOTH**

_____

_____

_____

b. In the past 7 days, about how much time did you spend doing *(first activity named by participant)?*
(Interviewer Note: If less than 1 hour, record number of minutes.)

BCHIA1HR [ ][ ] Hours [ ][ ] Minutes **BCHIA1MN**

[-1] Don't know **BCHIADK**

c. Did you do *(first activity named by participant)* with a light, moderate, or vigorous effort?

- [1] light
- [2] moderate **BCHIA1EF**
- [3] vigorous
- [8] Don't know

[0] No →

What is the main reason you have not done any high intensity exercise activities in the past 7 days?
(Interviewer Note: OPTIONAL - Show card #3.)

- [1] bad weather
- [2] not enough time
- [3] injury
- [4] health problems
- [5] lost interest
- [6] felt unsafe
- [7] not necessary
- [8] other **BCHINDEX**

→ Go to Question #20

Page Link # [ ]

20. In the past 12 months, did you do heavy or major chores like scrubbing windows or walls, vacuuming, or cleaning gutters; home maintenance activities like painting; gardening or yardwork; or anything like these activities, at least 10 times?

BCHC12MO

1 Yes
0 No
8 Don't know
7 Refused

Go to Question #21

a. In the past 7 days, did you do heavy chores or home maintenance activities?

BCHC7DAY

1 Yes
0 No

Go to Question #21

b. About how much time did you spend doing heavy chores or home maintenance activities in the past 7 days (not counting rest periods)?
(Interviewer Note: If less than one hour, record number of minutes.)

Hours ☐☐ **BCHCHRS**
Minutes ☐☐ **BCHCMINS**
-1 Don't know **BCHCDK**

WORK, VOLUNTEER, & CAREGIVING ACTIVITIES

This next set of questions concern any work, volunteer, caregiving and social activities that you do.

21. Do you currently work for pay, either at a regular job, consulting, or doing odd jobs? **BCVWCURJ**

1 Yes
0 No
8 Don't know
7 Refused

0, 8, 7 → Go to question #22

a. On average, how many hours do you work per week?

☐☐ hours **BCVWAHWR**

b. How many months of the year do you work?

☐☐ months **BCVWMOW**

c. Which of the following categories best describes the type of activity you do in your job?
(Interviewer Note: REQUIRED - Show card #4.) **BCVWWACT**

1 Mainly sitting
2 Sitting, some standing and/or walking
3 Mostly standing and/or walking
4 Mostly walking and lifting and/or carrying; heavy manual work

22. Do you currently do any volunteer work? **BCVWCURV**

1 Yes
0 No
8 Don't know
7 Refused

0, 8, 7 → Go to question #23

a. On average, how many hours per week do you volunteer?

☐☐ hours **BCVWAHVW**

22b. How many months of the year do you do this?

☐☐ months **BCVWMOV**

c. Which of the following categories best describes the type of activity you do?
(Interviewer Note: REQUIRED - Show card #4.)

BCVWVACT

1 Mainly sitting
2 Sitting, some standing and/or walking
3 Mostly standing and/or walking
4 Mostly walking and lifting and/or carrying; heavy manual work

23. Do you currently provide any regular care or assistance to a child or a disabled or sick adult?

BCVWCURA

1 Yes
0 No
8 Don't know
7 Refused

0, 8, 7 → Go to question #24

1 → About how many hours per week do you provide care to another person?
If you are unsure, please make your best guess.

☐☐☐ hours **BCVWAHAW**

☐ Don't know **BCVWDK**

24. About how many hours per week do you spend watching television?
(Interviewer Note: REQUIRED - Show card #5.)

BCVWTV

0 Zero
1 More than 0 but less than 7 hours/week
2 At least 7, but less than 14 hours/week
3 At least 14, but less than 21 hours/week
4 21 or more hours/week
8 Don't know
7 Refused

→ Do you usually use a remote control for your TV?
1 Yes 0 No 8 Don't know

BCVWTVRM

25. About how many hours per week do you spend reading, including books, newspapers, and magazines?

☐☐ hours **BCVWREAD**

8 Don't know 7 Refused **BCVWRDRF**

26. In the past month, on the average, have you been feeling unusually tired during the day?

[1] Yes [0] No [8] Don't know [7] Refused **BCELTIRE**

Have you been feeling unusually tired...?
(Interviewer Note: Read response options.)

[1] All of the time
[2] Most of the time
[3] Some of the time
[8] Don't know
[7] Refused **BCELOFTN**

27. Using this card, please choose the category that best describes your usual energy level in the past month on a scale of 0 to 10 where 0 is no energy and 10 is the most energy that you have ever had. ***(Interviewer Note: REQUIRED - Show card #6.)***

[ ][ ] Energy level **BCELEV**

[8] Don't know [7] Refused **BCELEVRF**

28. Compared to one year ago, how would you rate your appetite or desire to eat? Would you say that it is...? ***(Interviewer Note: Read response options. OPTIONAL - Show card #7.)***

- 1 Much better now than one year ago
- 2 Somewhat better now
- 3 About the same as one year ago
- 4 Somewhat worse now
- 5 Much worse now
- 8 Don't know
- 7 Refused

BCAPP1YR

29. Have you changed your diet in order to improve your health, such as eating a low salt diet or following a special diet to control diabetes?

BCSDCHNG

1 Yes 0 No 8 Don't know 7 Refused

	a. What diet are you following? ***(Interviewer Note: Read response options. OPTIONAL - Show card #8. Check all that apply.)***		**b.** How long have you been following this diet? ***(Interviewer Note: If less than 1 year, record 1 year.)***	**c.** Was this diet recommended by a doctor, nutritionist, or other health care professional?
1.	Reduced food intake (decreased quantities of all foods eaten)	**BCSDRED** 1 Yes 0 No	→ ☐☐ years **BCLONG1**	1 Yes 0 No 8 Don't know **BCDIET1**
2.	Limiting your intake to only 1 or 2 types of foods (e.g., only grapefruit or only lean meats)	**BCSDLIM** 1 Yes 0 No	→ ☐☐ years **BCLONG2**	1 Yes 0 No 8 Don't know **BCDIET2**
3.	Low fat diet	**BCSDFAT** 1 Yes 0 No	→ ☐☐ years **BCLONG3**	1 Yes 0 No 8 Don't know **BCDIET3**
4.	Low salt diet	**BCSDSALT** 1 Yes 0 No	→ ☐☐ years **BCLONG4**	1 Yes 0 No 8 Don't know **BCDIET4**
5.	Low cholesterol diet	**BCSDCHL** 1 Yes 0 No	→ ☐☐ years **BCLONG5**	1 Yes 0 No 8 Don't know **BCDIET5**
6.	Low fiber diet	**BCSDLOFB** 1 Yes 0 No	→ ☐☐ years **BCLONG6**	1 Yes 0 No 8 Don't know **BCDIET6**
7.	High fiber diet	**BCSDHIFB** 1 Yes 0 No	→ ☐☐ years **BCLONG7**	1 Yes 0 No 8 Don't know **BCDIET7**
8.	Lactose free (dairy or milk-free) diet	**BCSDLACT** 1 Yes 0 No	→ ☐☐ years **BCLONG8**	1 Yes 0 No 8 Don't know **BCDIET8**
9.	Diabetic diet to control blood sugar	**BCSDDIAB** 1 Yes 0 No	→ ☐☐ years **BCLONG9**	1 Yes 0 No 8 Don't know **BCDIET9**
10.	Other type of diet ***(Please describe:)*** _____	**BCSDOTH** 1 Yes 0 No	→ ☐☐ years **BCLONG10**	1 Yes 0 No 8 Don't know **BCDIET10**

Page Link # ☐

APPETITE AND EATING BEHAVIOR

Now I have some questions about your appetite.

30. In the past month, would you say that your appetite or desire to eat has been...?
(Interviewer Note: Read response options. OPTIONAL -Show card #9.)

BCAPPET

- [1] Very good
- [2] Good
- [3] Moderate
- [4] Poor
- [5] Very poor
- [6] Varies from day to day
- [8] Don't know
- [7] Refused

31. Do you have an illness or physical condition that interferes with your appetite or ability to eat?

[1] Yes [0] No [8] Don't know [7] Refused

BCAPPILL

Please describe the illness or condition that interferes with your appetite or ability to eat? ***(Interviewer Note: Do NOT read response options. Check all that apply.)***

- [-1] Problems with your teeth **BCAPPTD**
- [-1] Swallowing problems **BCAPPSP**
- [-1] Pain on chewing **BCAPPPC**
- [-1] Poor taste **BCAPPPT**
- [-1] Poor smell **BCAPPPS**
- [-1] Stomach/abdominal pain **BCAPPSAP**
- [-1] Gas/bloating **BCAPPGB**
- [-1] Indigestion/heartburn **BCAPPIH**
- [-1] Constipation **BCAPPCON**
- [-1] Diarrhea **BCAPPDIA**
- [-1] Other ***(Please specify):*** **BCAPPOTH**

_____

_____

Page Link #

APPETITE AND EATING BEHAVIOR

The food you eat can affect your health. The next few questions ask about the type and amount of food that is eaten in your household.

32. Which statement best describes the food eaten in your household? **BCAPPHSE**
(Interviewer Note: Read response options. REQUIRED -- Show card #10.)

- [1] There is enough of the kinds of food we want to eat.
- [2] There is enough, but not always the kinds of food we want to eat.
- [3] Sometimes there is not enough to eat.
- [4] Often there is not enough to eat.
- [8] Don't know
- [7] Refused

Why isn't there enough food or the kinds of food that you need? Is it because...?

a.	There isn't enough money or food stamps to buy food. **BCAPPMON**	[1] Yes	[0] No	[8] Don't know
b.	There aren't working appliances for storing or preparing foods (like stove or refrigerator). **BCAPPAPL**	[1] Yes	[0] No	[8] Don't know
c.	There is no transportation or someone to take you to buy groceries. **BCAPPTRN**	[1] Yes	[0] No	[8] Don't know
d.	Some other reason? **BCAPPOT2**	[1] Yes	[0] No	[8] Don't know

Please explain: _____

_____

33. During the past month, have you had enough food to satisfy your hunger? Would you say...?
(Interviewer Note: Read response options.)

BCAPPSAT

- [1] All of the time
- [2] Most of the time
- [3] Some of the time
- [4] None of the time
- [8] Don't know
- [7] Refused

Page Link #

34. Do you eat the same thing for several days in a row because you only have a few different kinds of foods on hand?

[1] Yes [0] No [8] Don't know [7] Refused **BCAPPFEW**

How often do you eat the same thing for several days in a row because you only had a few different kinds of food on hand? **BCAPPOF1**

[0] Rarely [2] Sometimes [3] Very often [8] Don't know

35. Do you worry about where the next day's food is going to come from?

[1] Yes [0] No [8] Don't know [7] Refused **BCAPPNXT**

How often do you worry about where the next day's food is going to come from?

[0] Rarely [2] Sometimes [3] Very often [8] Don't know

BCAPPOF2

36. Do you get any free or subsidized food, such as food stamps, Meals on Wheels, or special programs at a church or senior center? **BCFISUBF**

[1] Yes [0] No [8] Don't know [7] Refused

Please describe:

_____

_____

_____

37. Because of a health or physical problem, do you have any difficulty preparing meals?

[1] Yes [0] No [6] Does not do [8] Don't know [7] Refused

BCDFPREP

38. Because of a health or physical problem, do you have any difficulty shopping for food?

[1] Yes [0] No [6] Does not do [8] Don't know [7] Refused

BCDFSHOP

39. **BCWT12MO**
Since your last clinic visit, about 12 months ago, would you say that...? ***(Interviewer Note: Read response options.)***

[1] Your weight has stayed about the same

[2] You have gained weight → Were you trying to gain weight? [1] Yes [0] No [8] Don't know **BCWTGN**

[3] You have lost weight → Were you trying to lose weight? [1] Yes [0] No [8] Don't know **BCWTLS**

[5] Your weight has gone up and down

[8] Don't know

[7] Refused

---

40. At the present time, are you trying to lose weight? **BCWTLOSS**

[1] Yes [0] No [8] Don't know [7] Refused

---

41. Do you eat less than you want to because you are concerned about what you weigh? Would you say...?
(Interviewer Note: Read response options. OPTIONAL - Show card #11)

[4] Always **BCEATLS**

[3] Usually

[2] Sometimes

[1] Rarely

[0] Never

[8] Don't know

[7] Refused

---

42. How would you rate your overall oral health (teeth, gums, inside of mouth)?
(Interviewer Note: Read response options.)

BZDHSTAT

- 1 Excellent
- 3 Good
- 4 Fair
- 5 Poor
- 8 Don't know
- 7 Refused

43. How often do you brush your teeth in an average day?

BZDHBRSH

- 0 Not at all
- 1 One time
- 2 Two times
- 3 Three or more times
- 8 Don't know
- 7 Refused

44. How often do you use dental floss in an average week?

BZDHFLOS

- 0 Not at all
- 1 One time
- 2 Two times
- 3 Three or more times
- 8 Don't know
- 7 Refused

45. How often do you go to your dentist for a check-up?

[1] 2 times or more per year

[2] Once per year

[3] Less than once per year

[8] Don't know

[7] Refused

BZDHDENT

46. Have you ever been told by a dentist or periodontist that you have gum (periodontal) disease?

[1] Yes [0] No [8] Don't know [7] Refused **BZDHGUMD**

When were you last treated for gum disease?

[0] Never **BZDH**

[1] Within the past 12 months

[2] More than 1 year ago

[8] Don't know/Don't remember

47. Have you ever lost any teeth because of gum disease? **BZDHLOST**

[1] Yes [0] No [8] Don't know [7] Refused

How old were you when you lost your first tooth because of gum disease?

[ ][ ] years old

[-1] Don't know **BZDHLARF**

BZDHLAGE

48. Do you limit the kinds or amounts of food you eat because of problems with your teeth or dentures? Would you say...? ***(Interviewer Note: Read response options.)***

- [4] Always
- [3] Often
- [2] Sometimes
- [1] Seldom
- [0] Never
- [8] Don't know
- [7] Refused

BZDHUMT

49. Do you have trouble biting or chewing any kinds of food, such as firm meat or apples? ***(Interviewer Note: Read response options.)***

- [4] Always
- [3] Often
- [2] Sometimes
- [1] Seldom
- [0] Never
- [8] Don't know
- [7] Refused

BZDHCHEW

50. Does the amount of saliva in your mouth seem to be...? ***(Interviewer Note: Read response options.)***

- [1] Too little
- [2] Too much
- [3] Don't notice
- [8] Don't know
- [7] Refused

BZDHSALV

51. Does your mouth feel dry when eating? **BZDHMDRY**

[1] Yes [0] No [8] Don't know [7] Refused

52. During the past 3 months, how much pain have you had in your gums or teeth?
(Interviewer Note: Read response options.)

[3] A great deal or pain
[2] Some pain
[1] A little pain
[0] No pain at all
[8] Don't know
[7] Refused

BZDHPAIN

53. During the past 3 months, how often have you had trouble chewing food or eating because of problems with your teeth or gums? ***(Interviewer Note: Read response options.)***

[3] Most of the time
[2] Some of the time
[1] A little of the time
[0] None of the time
[8] Don't know
[7] Refused

BZDHPCHW

54. During the past 3 months, how much of the time have problems with the way your teeth or gums look caused you to avoid conversation with people? ***(Interviewer Note: Read response options.)***

[3] Most of the time
[2] Some of the time
[1] A little of the time
[0] None of the time
[8] Don't know
[7] Refused

BZDHLOOK

Page Link #

55. Has a doctor ever told you that you have arthritis or gout? **BZAJARTH**

[1] Yes [0] No [8] Don't know [7] Refused

What kind of arthritis did the doctor say it was? Did the doctor say you had...

a. Rheumatoid arthritis? [1] Yes [0] No [8] Don't know **BZAJARRA**

b. Osteoarthritis or degenerative arthritis? [1] Yes [0] No [8] Don't know **BZAJARDA**

Did the doctor say it was...?

i. Osteoarthritis or degenerative arthritis in your knee? [1] Yes [0] No [8] Don't know **BZAJKNEE**

ii. Osteoarthritis or degenerative arthritis in your hip? [1] Yes [0] No [8] Don't know **BZAJHIP**

iii. Osteoarthritis or degenerative arthritis in your hand or fingers? [1] Yes [0] No [8] Don't know **BZAJHAND**

c. Gout? [1] Yes [0] No [8] Don't know **BZGOUT**

d. Some other type of arthritis? [1] Yes [0] No [8] Don't know **BZAJOTH**

Please specify: _____

e. Do you take any medicines for arthritis or joint pain? **BZAJMEDS**

[1] Yes [0] No [8] Don't know

(Interviewer Note: Check all that apply. Do NOT read response options.)

Which medicines are you taking?

[-1] Aspirin **BZAJASP**

[-1] Ibuprofen (e.g. Advil) **BZAJIBU**

[-1] Other Nonsteroidals **BZAJNON**
(e.g. Diclofenac, Voltaran, Fenbid, Sulindac (Clinoril), Naprosyn, Indomethacin)

[-1] Tylenol (Acetominophen) **BZAJTYL**

[-1] Gold **BZAJGLD**

[-1] Hydrochloroquine **BZAJHYP**

[-1] Methotrexate **BZAJMTH**

[-1] Oral Steroids **BZAJORS**

[-1] Steroid injections **BZAJSIN**

[-1] Other **BZAJOTHM**

Page Link #

56. In the past 12 months, have you had hip pain on most days for at least one month? This includes pain in the groin and either side of the upper thigh. Do not include pain that was only in your lower back or buttocks. ***(Interviewer Note: REQUIRED - Show card #12.)***

BZAJH30D

1 Yes
0 No
8 Don't know
7 Refused

0 / 8 / 7 → Go to Question #57

1 ↓

a. In the past 12 months, have you had this pain in the right hip, left hip or both hips?

BZAJH12M

2 Right hip only
1 Left hip only
3 Both right and left hip

b. Now, please think about the past 30 days. In the past 30 days, how much pain have you had in your hips during each situation I will describe? How much pain have you had while...?
(Interviewer Note: Read response options. OPTIONAL - Show card #13.
If pain is in both left and right hip, say: "again, answer for the worse hip.")

	None	Mild	Moderate	Severe	Extreme	Don't know/Don't do	
a) Walking on a flat surface	0	1	2	3	4	8	BZAJHFS
b) Going up or down stairs	0	1	2	3	4	8	BZAJHST
c) At night while in bed	0	1	2	3	4	8	BZAJHBD
d) Standing upright	0	1	2	3	4	8	BZAJHUP
e) Putting on socks	0	1	2	3	4	8	BZAJHSOK
f) Getting in or out of a chair ***(Interviewer Note: Relatively hard, supportive chair)***	0	1	2	3	4	8	BZAJHCH
g) Getting in or out of a car	0	1	2	3	4	8	BZAJHCAR

57. In the past 12 months, have you had pain on most days for at least one month in your feet, toes or ankles?

BZAJFT30

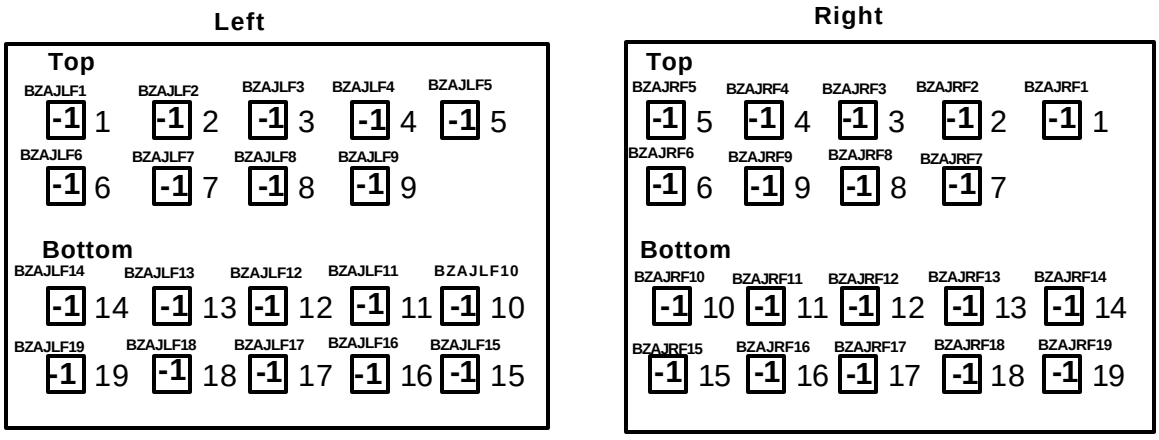
1 Yes → (continue)

0 No → Go to Question #58

8 Don't know → Go to Question #58

7 Refused → Go to Question #58

a. Please show me on this diagram which toes or parts of your foot have been painful for at least a month in the past 12 months. ***(Interviewer Note: REQUIRED - Show card #14. Check all that apply.)***



b. Now think about the past 30 days. In the past 30 days, how much pain have you had in your feet, ankles or toes during each situation I will describe? How much pain have you had while...?
(Interviewer Note: Read response options. OPTIONAL - Show card #15. If pain on both right and left, say: "Answer for worse side".)

	None	Mild	Moderate	Severe	Extreme	Don't know/Don't do	
i. Walking on a flat surface	0	1	2	3	4	8	BZAJFTFS
ii. Going up or down stairs	0	1	2	3	4	8	BZAJFTST
iii. Standing upright	0	1	2	3	4	8	BZAJFTUP

Page Link #

58. In the past 12 months, have you had any pain in your back? **BZAJBP30**

[1] Yes

[0] No [8] Don't know [7] Refused

→ Go to Question #59

a. How often did you have back pain in the past 12 months?
(Interviewer Note: Read response options. OPTIONAL - Show card #16.)

BZAJBP12

[1] Once or twice
[2] A few times
[3] Fairly often
[4] Very often
[5] Every day or nearly everyday
[8] Don't know

b. How severe was the pain usually? ***(Interviewer Note: Read response options.)***

BZAJBPSV

[1] Mild [2] Moderate [3] Severe [4] Extreme [8] Don't know

c. In what part of your back was the pain usually located?
(Interviewer Note: REQUIRED - Show card #17. Check all that apply.)

BZBKUP	BZBKMID	BZBKLWR	BZBKBUT	BZBKDN
[-1] Upper	[-1] Middle	[-1] Lower	[-1] Buttocks	[-1] Don't know

d. In the past 12 months, have you limited your activities because of pain in your back?

BZAJDLTD

[1] Yes

On how many days did you limit your activities because of pain in your back? Your answer can range from 0 to 365 days. If are unsure, please make your best guess.
(Interviewer Note: Include days in bed.)

[ ][ ][ ] days [-1] Don't know

BZAJBDAY **BZAJBDRF**

[0] No [8] Don't know

→ Go to question #59

59. Have you ever had stiffness in any of your joints in the morning? **BZJPAM**

[1] Yes [0] No [8] Don't know [7] Refused

a. Did this stiffness usually last at least one hour? **BZJP1HR**

[1] Yes [0] No [8] Don't know

b. Did it last for 6 or more weeks? **BZJP6WK**

[1] Yes [0] No [8] Don't know

60. Have you ever had nodules or bumps under the skin around the elbow or ankle? **BZJPNOD**

[1] Yes [0] No [8] Don't know [7] Refused

61. Have you ever had swelling in any of the following joints for 6 or more weeks? **BZBDJPFN**

a. Finger or fingers (but not the joints nearest the fingernails)

[1] Yes [0] No [8] Don't know [7] Refused

Which hand? **BZJPFNLR**

[1] Right only [2] Left only [3] Both right and left

b. Wrist [1] Yes [0] No [8] Don't know [7] Refused **BZJPWR**

Which wrist? **BZJPWRLR**

[1] Right only [2] Left only [3] Both right and left

c. Elbow [1] Yes [0] No [8] Don't know [7] Refused **BZJPEL**

Which elbow? **BZJPELLR**

[1] Right only [2] Left only [3] Both right and left

d. Knee [1] Yes [0] No [8] Don't know [7] Refused **BZJPKN**

Which knee? **BZJPKNLR**

[1] Right only [2] Left only [3] Both right and left

62. Have you had a blood test for rheumatoid arthritis? **BZJPRA**

[1] Yes [0] No [8] Don't know [7] Refused

According to the blood test result, do you have rheumatoid arthritis? **BZJPRATS**

[1] Yes [0] No [8] Don't know

Page Link #

63. Has a doctor ever told you that you had shingles? **BZMCSH**

[1] Yes [0] No [8] Don't know [7] Refused

When was the last time you had an outbreak or flare-up?
If you are unsure, please make your best guess. **BZMCSHTM**

[1] 0-6 months ago
[2] 7-12 months ago
[3] 1-5 years ago
[4] More than 5 years ago
[8] Don't know

64. Are you troubled by shortness of breath when hurrying on a level surface or walking up a slight hill?

[1] Yes [0] No [8] Don't know [7] Refused **BZLCSBUP**

65. Do you ever have to stop for breath when walking at your own pace on a level surface?

[1] Yes [0] No [8] Don't know [7] Refused **BZLCSBLS**

Now I'm going to ask you about some medical problems that you might have had since your last clinic visit about 12 months ago.

Since your last clinic visit about 12 months ago, has a doctor told you that you had...?

66. Hypertension or high blood pressure? **BZHCHBP**

[1] Yes [0] No [8] Don't know [7] Refused

67. Diabetes or sugar diabetes?

[1] Yes [0] No [8] Don't know [7] Refused **BZSGDIAB**

Since your last clinic visit about 12 months ago...

68. Have you fallen and landed on the floor or ground? **BZAJFALL**

1 Yes
0 No
8 Don't know
7 Refused

Please go to Question #69

How many times have you fallen in the past 12 months?
If you are unsure, please make your best guess.

BZAJFNUM

1 One
2 Two or three
4 Four or five
6 Six or more
8 Don't know

69. Have you fainted, blacked out, or lost consciousness? **BZAJBO12**

1 Yes
0 No
8 Don't know
7 Refused

Please go to Question #70

How many times has this happened to you in the past 12 months?

BZAJBONO

1 One
2 Two or three
4 Four or more
8 Don't know

70. Since your clinic visit about 12 months ago, did you stay <u>overnight</u> as a patient in a nursing home or rehabilitation center? **BZMCNH**

1 Yes
0 No
8 Don't know
7 Refused

71. Since your clinic visit about 12 months ago, did you receive care at home from a visiting nurse, home health aide, or nurse's aide? **BZMCVN**

1 Yes
0 No
8 Don't know
7 Refused

MEDICAL CONDITIONS WITHIN THE PAST 6 MONTHS

Now I'm going to ask you about any medical problems you might have had since your last phone interview about 6 months ago.

72. Since your last phone interview about 6 months ago, has a doctor told you that you had a heart attack, angina, or chest pain due to heart disease? **BZHCMANI**

[1] Yes [0] No [8] Don't know [7] Refused

→ Were you hospitalized overnight for this problem? **BZHOSMI**

[1] Yes → Complete a Health ABC Event Form(s), Section I, for each overnight hospitalization. Record reference #'s below:

a. [ ][ ][ ][ ][ ] **BZREF9A**

b. [ ][ ][ ][ ][ ] **BZREF9B**

c. [ ][ ][ ][ ][ ] **BZREF9C**

[0] No → Go to Question #73

---

73. Since your last phone interview about 6 months ago, has a doctor told you that you had a stroke, mini-stroke, or TIA? **BZHCCVA**

[1] Yes [0] No [8] Don't know [7] Refused

→ Were you hospitalized overnight for this problem? **BZHOSMI2**

[1] Yes → Complete a Health ABC Event Form(s), Section I, for each overnight hospitalization. Record reference #'s below:

a. [ ][ ][ ][ ][ ] **BZREF10A**

b. [ ][ ][ ][ ][ ] **BZREF10B**

c. [ ][ ][ ][ ][ ] **BZREF10C**

[0] No → Go to Question #74

74. Since your last phone interview about 6 months ago, has a doctor told you that you had cancer? We are specifically interested in hearing about a cancer that your doctor diagnosed for the first time since your last phone interview. **BZCHMGMT**

[1] Yes [0] No [8] Don't know [7] Refused

Complete a Health ABC Event Form(s), Section II, for each event.
Record reference #'s below:

a. **BZREF11A**

b. **BZREF11B**

c. **BZREF11C**

75. Since your last phone interview about 6 months ago, has a doctor told you that you had pneumonia?

[1] Yes [0] No [8] Don't know [7] Refused **BZLCPNEU**

Complete a Health ABC Event Form(s), Section II, for each event.
Record reference #'s below:

a. **BZREF12A**

b. **BZREF12B**

c. **BZREF12C**

76. Since your last phone interview about 6 months ago, have you been told by a doctor that you broke or fractured a bone(s)? **BZOSBR45**

[1] Yes [0] No [8] Don't know [7] Refused

Complete a Health ABC Event Form(s), Section II, for each event.
Record reference #'s below:

a. **BZREF13A**

b. **BZREF13B**

c. **BZREF13C**

Page Link #

MEDICAL CONDITIONS WITHIN THE PAST 6 MONTHS

77. Were you hospitalized overnight for any other reasons since your last phone interview about 6 months ago?

[1] Yes [0] No [8] Don't know [7] Refused **BZHOSP12**

Complete a Health ABC Event Form(s), Section I, for each event. Record reference #'s and reason for hospitalization below.

a. [ ][ ][ ][ ][ ] Reason for hospitalization: **BZREF14A**

b. [ ][ ][ ][ ][ ] Reason for hospitalization: **BZREF14B**

c. [ ][ ][ ][ ][ ] Reason for hospitalization: **BZREF14C**

d. [ ][ ][ ][ ][ ] Reason for hospitalization: **BZREF14D**

e. [ ][ ][ ][ ][ ] Reason for hospitalization: **BZREF14E**

f. [ ][ ][ ][ ][ ] Reason for hospitalization: **BZREF14F**

78. Have you had any same day outpatient surgery since we last spoke to you about 6 months ago?

[1] Yes [0] No [8] Don't know [7] Refused **BZOUTPA**

Was it for. . .?

Reference #'s

a. A procedure to open a blocked artery **BZBLART** — [1] Yes [0] No [8] Don't know → ***Complete a Health ABC Event form, Section III. Record reference #:*** [ ][ ][ ][ ][ ] **BZREF15A**

b. Gall bladder surgery **BZGALLBL** — [1] Yes [0] No [8] Don't know

c. Cataract surgery **BZCATAR** — [1] Yes [0] No [8] Don't know

d. Hernia repair (Inguinal abdominal hernia.) **BZHERN** — [1] Yes [0] No [8] Don't know

e. TURP (MEN ONLY) (transurethral resection of prostate) **BZTURP** — [1] Yes [0] No [8] Don't know

f. Other **BZOTH** — [1] Yes → [0] No [8] Don't know

Please specify the type of outpatient surgery.

i. _____

ii. _____

iii. _____

Page Link # [ ]

Draft

79. Is there any other illness or condition for which you see a doctor or other health care professional?

BZOTILL

1 Yes

0 No

8 Don't know

7 Refused

Please go to Question #80

Please describe for what:

_____

_____

_____

_____

_____

80. Since your last clinic visit about 12 months ago, have you changed your doctor or place that you usually go for health care or advice about your health care?

BZHCADV

1 Yes
0 No
2 I don't have a doctor or place that I usually go for health care
8 Don't know
7 Refused

Go to Question #81

a. Where do you usually go to for health care or advice about health care?
(Interviewer Note: Read response options. Please check only one.)

BZHCSRC

1 Private doctor's office (individual or group practice)

2 Public clinic such as a neighborhood health center

3 Health Maintenance Organization (HMO) ***(Please specify:_____)***
(Examples: Security Blue, US Healthcare, Health America, The Apple Plan, Omnicare, Prucare)

4 Hospital outpatient clinic

5 Emergency room

6 Other ***(Please specify: _____)***

b. Please tell me the name, address, and telephone number of the doctor or place that you usually go to for health care.

First Name

Last Name

Street Address

City State

BZHCZIP

Zip Code

Telephone: ( ) - **BZHCPHON**

Area Code Number

81. Have you changed your health insurance since your last clinic visit, about 12 months ago? **BZHCCHNG**

[1] Yes [0] No [8] Don't know [7] Refused

What type of change did you make? ***(Interviewer Note: Check all that apply.)***

Private insurance (e.g. Blue Cross, Prudential)	**BZPRIVIN** [1] Added [2] Dropped
Health Maintenance Organization (HMO) (e.g. Security Blue, US Healthcare, Health America, The Apple Plan, Omnicare, Prucare)	**BZHMO** [1] Added [2] Dropped
Medigap (Medicare supplement)	**BZMGP** [1] Added [2] Dropped
Other ***(Please specify:)*** _____ _____	**BZINOTH** [1] Added [2] Dropped **BZINOTH2** [1] Added [2] Dropped

82. Did you get a flu shot in the past 12 months? **BZFSHOT**

[1] Yes [0] No [8] Don't know [7] Refused

When did you get your most recent flu shot? If you are unsure, please make your best guess.

[ ][ ] / [ ][ ] **BZMOYR**

Month Year

FOR WOMEN ONLY:

83. During the past 12 months, have you had a mammogram? **BZFHMAMG**

[1] Yes [0] No [8] Don't know [7] Refused

FEELINGS IN THE PAST WEEK

84. Now I have some questions about your feelings during the past week.

		Yes	No	Don't Know	Refused
a. Are you basically satisfied with your life?	BZSAT	1	0	8	7
b. Have you dropped many of your activities and interests?	BZDROP	1	0	8	7
c. Do you feel that your life is empty?	BZEMPTY	1	0	8	7
d. Do you often get bored?	BZBORED	1	0	8	7
e. Are you in good spirits most of the time?	BZSPIRIT	1	0	8	7
f. Are you afraid that something bad is going to happen to you?	BZAFRAID	1	0	8	7
g. Do you feel happy most of the time?	BZHAPPY	1	0	8	7
h. Do you often feel helpless?	BZHELPLS	1	0	8	7
i. Do you prefer to stay at home, rather than going out and doing new things?	BZHOME	1	0	8	7
j. Do you feel you have more problems with memory than most?	BZMEMRY	1	0	8	7
k. Do you think it is wonderful to be alive?	BZWONDER	1	0	8	7
l. Do you feel pretty worthless the way you are now?	BZWORTHL	1	0	8	7
m. Do you feel full of energy?	BZENRGY	1	0	8	7
n. Do you feel that your situation is hopeless?	BZHOPEL	1	0	8	7
o. Do you think that most people are better off than you are?	BZBETTER	1	0	8	7

85. Did your spouse or partner die in the past 12 months?

[1] Yes [0] No [8] Don't know [7] Refused **BELESDIE**

Go to Question #94

Analyst note: missing data due to skip pattern error on early version of questionnaire. Was originally #96.

86. Please tell me which best describes how you feel right now.

(Interviewer Note: REQUIRED - Show card #18)

	Never	Rarely	Sometimes	Often	Always	Refused
a. I think about this person so much that it's hard for me to do the things I normally do. **BELETHNK**	0	1	2	3	4	7
b. Memories of the person who died upset me. **BELEMEM**	0	1	2	3	4	7
c. I feel I cannot accept the death of the person who died. **BELEACPT**	0	1	2	3	4	7
d. I feel myself longing for the person who died. **BELELONG**	0	1	2	3	4	7
e. I feel drawn to places and things associated with the person who died **BELEDRWN**	0	1	2	3	4	7
f. I can't help feeling angry about his/her death. **BELEANGR**	0	1	2	3	4	7
g. I feel disbelief over what happened. **BELEDISB**	0	1	2	3	4	7
h. I feel stunned or dazed over what happened. **BELEDAZE**	0	1	2	3	4	7
i. Ever since s/he died it is hard for me to trust people. **BELETRST**	0	1	2	3	4	7
j. Ever since s/he died I feel like I have lost the ability to care about other people or I feel distant from people I care about. **BELEDIST**	0	1	2	3	4	7
k. I have pain in the same area of my body or have some of the same symptoms as the person who died. **BELEPAIN**	0	1	2	3	4	7
l. I go out of my way to avoid reminders of the person who died. **BELEAVD**	0	1	2	3	4	7
m. I feel that life is empty without the person who died. **BELEEMPT**	0	1	2	3	4	7
n. I hear the voice of the person who died speak to me. **BELESPK**	0	1	2	3	4	7
o. I see the person who died stand before me. **BELESTND**	0	1	2	3	4	7
p. I feel that it is unfair that I should live when this person died **BELELIVE**	0	1	2	3	4	7
q. I feel bitter over this person's death. **BELEBITR**	0	1	2	3	4	7
r. I feel envious of others who have not lost someone close. **BELEENV**	0	1	2	3	4	7
s. I feel lonely a great deal of the time ever since s/he died. **BELELONE**	0	1	2	3	4	7

Page Link # **BELINK**

87. In the past year, could you have used more emotional support than you received?

[1] Yes [0] No [8] Don't know [7] Refused **BESSESPY**

Would you say you needed a lot more, some more, or a little more?

[1] A lot more

[2] Some more **BESSEAM**

[3] A little more

[8] Don't know

88. Using this card, where 0 is extremely dissatisfied and 10 is very satisfied, how satisfied are you with how often you see or talk to your family and friends?
(Interviewer Note: REQUIRED - Show card #19.)

[ ][ ] **BESSFFST** [8] Don't know [7] Refused **BESSFFDR**

89. Using this card, where 0 is extremely dissatisfied and 10 is very satisfied, how satisfied are you with the help you get from your family and friends, for example, helping in an emergency, fixing your house, or doing errands? ***(Interviewer Note: REQUIRED - Show card #19.)***

[ ][ ] **BESSFFH** [8] Don't know [7] Refused **BESFHDR**

90. Using this card, where 0 is extremely dissatisfied and 10 is very satisfied, how satisfied are you with the meaning and purpose of your life? ***(Interviewer Note: REQUIRED - Show card #19.)***

[ ][ ] **BESSMEAN** [8] Don't know [7] Refused **BESFMDR**

91. Using this card, where 0 is extremely unhappy and 10 is very happy, please tell me how happy you are? ***(Interviewer Note: REQUIRED - Show card #20.)***

BESSHAPY [ ][ ] [8] Don't know [7] Refused **BESSHADR**

92. Please tell me whether you agree or disagree with this statement:
I can do just about anything I really set my mind to. Would you say you agree or disagree?

[1] Agree [2] Disagree [8] Don't know [7] Refused **BESSCAN**

If Agree: Would you say you agree strongly or agree somewhat?
- [1] Agree strongly
- [2] Agree somewhat
- [8] Don't know

BESSCANA

If Disagree: Would you say you disagree strongly or disagree somewhat?
- [1] Disagree strongly
- [2] Disagree somewhat
- [8] Don't know

BESSCAND

93. Do you agree or disagree with this statement: I often feel helpless in dealing with the problems of life.
Would you say you agree or disagree?

[1] Agree [2] Disagree [8] Don't know [7] Refused **BESSOFH**

If Agree: Would you say you agree strongly or agree somewhat?
- [1] Agree strongly
- [2] Agree somewhat
- [8] Don't know

BESSOFHA

If Disagree: Would you say you disagree strongly or disagree somewhat?
- [1] Disagree strongly
- [2] Disagree somewhat
- [8] Don't know

BESSOFHD

94. Did a child, grandchild, close friend, or relative die in the past 12 months?

[1] Yes [0] No [7] Refused **BELERDIE** ← ***Analyst note: missing data due to skip pattern error on early version of questionnaire.***

95. Has a close friend or family member had a serious accident or illness in the past 12 months?

[1] Yes [0] No [7] Refused **BELEACC** ← ***Analyst note: missing data due to skip pattern error on early version of questionnaire.***

96. Beside yourself, how many other people live in your household?
(Interviewer Note: If no other people live in the household, record "00".)

☐☐ other people in household

BESSOPIH

[-1] Refused **BESSOPRF**

97. Is your mother still living? Please answer for your natural mother -- the mother who gave birth to you. **BEFHMOM**

[1] Yes

How old is your mother now?

☐☐☐ years old

BEFHMOMA

[0] No

How old was your mother when she died?
(Interviewer Note: If participant is unsure, please encourage them to make their best guess.)

☐☐☐ years old

[8] Don't know **BEFHMMDK**

[7] Refused

BEFHMOMD

98. Is your natural father still living? **BEFHDAD**

[1] Yes

How old is your father now?

☐☐☐ years old

BEFHDADA

[0] No

How old was your father when he died?
How old was your father when he died?
(Interviewer Note: If participant is unsure, please encourage them to make their best guess.)

☐☐☐ years old

[8] Don't know **BEFHDADK**

[7] Refused

BEFHDADD

Page Link #

99. Do you expect to move or have a different mailing address in the next 6 months? **BEMOVE**

Yes [1] No [0] Don't know [8] Refused [7]

What will be your new mailing address?

New address:

Street Address _____ Apt/Room

City _____ State

[ ][ ][ ][ ][ ] - [ ][ ][ ][ ] Zip Code

BEMAZIP

[1] Permanent address

[2] Winter address

BEADDRES

[3] Other ***(Please describe:*** _____ ***)***

Telephone: ([ ][ ][ ]) [ ][ ][ ] - [ ][ ][ ][ ]

Area Code Number

BEMATELE

Date new address/phone number effective: [ ][ ] / [ ][ ] / [ ][ ]

Month Day Year

BEMADATE

Page Link #

CONTACT INFORMATION

100. Please tell me the name, address, and telephone number of a relative (if possible) who could provide information and answer questions for you in the event that you were unable to answer yourself. If possible, this person should be someone who lives with you.

First Name _____ Middle Initial _____

Last Name _____

Street Address _____ Apt/Room _____

City _____ State _____

					-				

Zip Code **BECIZIP**

Telephone: ( ) - **BECITELE**

Area Code Number

How is this person related to you? **BECIREL**

1 My husband or wife

2 My son or daughter

3 My niece or nephew

4 My grandchild

5 My brother or sister

6 My mother or father

7 Friend/neighbor

8 Someone else ***(Please say how related:)*** _____

Page Link #

CONTACT INFORMATION

101. Please tell me the name, address, and telephone number of two close friends or relatives who do not live with you and who would know how to reach you in case you move and we need to get in touch with you. These people do not have to be local people.

Contact #1

First Name _____ Middle Initial _____

Last Name _____

Street Address _____ Apt/Room _____

City _____ State _____

					-				

Zip Code **BECIZIP2**

Telephone: ( ) -

Area Code Number **BEC1PHON**

How is this person related to you? **BEC1REL**

1 My son or daughter

2 My niece or nephew

3 My grandchild

4 My brother or sister

5 My mother or father

6 Friend/neighbor

7 Someone else ***(Please say how related:)*** _____

Contact #2

First Name _____ Middle Initial _____

Last Name _____

Street Address _____ Apt/Room _____

City _____ State _____

Zip Code [ ][ ][ ][ ][ ] - [ ][ ][ ][ ] **BEC2ZIP**

Telephone: ([ ][ ][ ]) [ ][ ][ ] - [ ][ ][ ][ ]

Area Code Number **BEC2PHON**

How is this person related to you? **BEC2REL**

1 My son or daughter

2 My niece or nephew

3 My grandchild

4 My brother or sister

5 My mother or father

6 Friend/neighbor

7 Someone else ***(Please say how related:)*** _____

Health ABC

HABC Enrollment ID #	Acrostic	Date Form Completed	Staff ID #
H B1ID	B1ACROS	B1DATE Month / Day / Year	B1STFID

YEAR 2 CLINIC VISIT WORKBOOK

B1TIME1 **Time of arrival:** ___:___

B1TIME2 **Time of departure:** ___:___

YEAR 2 CLINIC VISIT PROCEDURE CHECKLIST

		Page Numbers	Please check if done			
1.	Medication Inventory Update	2	1 Yes	0 No		B1MI
2.	Weight	7	1 Yes	0 No		B1WT
3.	Radial Pulse, Respiratory Rate & Temperature	7	1 Yes	0 No		B1RP
4.	Blood Pressure	8	1 Yes	0 No		B1BP
5.	Food Frequency Questionnaire	9	1 Yes	0 No		B1FFQ
6.	Grip Strength	17	1 Yes	0 No		B1GRIP
7.	20-meter Walk	18	1 Yes	0 No		B120M
8.	Long Distance Corridor Walk	19	1 Yes	0 No		B1LD
9.	Ultrasound	24	1 Yes	0 No		B1ULTRA
10.	Bone Density Scan (DXA)	26	1 Yes	0 No		B1DXA
11.	Periodontal Eligibility Assessment	28	1 Yes	0 No		B1PERIOD
12.	Dental Examination	31	1 Yes	0 No		B1DENT
13.	Isokinetic Strength (Kin-Com)	32	1 Yes	0 No		B1ISO
14.	Joint (OA) Evaluation	35	1 Yes	0 No		B1JOINT
15.	Knee X-ray Tracking	43	1 Yes	0 No	5 Not Applicable	B1KNXR
16.	Knee MRI Eligibility and Tracking	44	1 Yes	0 No	5 Not Applicable	B1KNMRI
17.	Energy Expenditure (Visit 1)	46	1 Yes	0 No	5 Not Applicable	B1EE
18.	Phlebotomy	48	1 Yes	0 No		B1PHL
19.	Laboratory Processing	49	1 Yes	0 No		B1LAB
20.	Was the Year 2 Questionnaire administered?		1 Yes	0 No		B1Y2ADM

Memphis Only:

Would you like us to send a copy of your test results to your doctor? B1DOC 1 Yes 0 No

Draft

Page Link # B1LINK

Annotated Version 1.0, 9/10/98
Version 1.1, 7/30/98

Health ABC

HABC Enrollment ID #	Acrostic	Date Form Completed	Staff ID #
MAID/MIFID	MAACROS	MIFDATE/MADATE Month / Day / Year	MASTAFF

YEAR 2 MEDICATION INVENTORY FORM -- page a

Section A Medication Reception

Collect all prescription and over-the-counter medications (including pills, dermal patches, eye drops, creams, salves, and injections) used in the previous two weeks. Record the complete drug name exactly as written on the container label.

Are these all the prescription and over-the-counter medications that you took during the last two weeks? We are also interested in drugs not usually prescribed by a doctor, such as supplements, vitamins, pain medications, laxatives or bowel medicines, cold medications, cough medications, antacids or stomach medicines, and ointments or salves?

MAMEDS 1 Yes 0 No 2 Took no prescription or non-prescription medicines

MATOTAL Total number brought in: ____

Did examiner call participant to complete MIF? 1 Yes 0 No **MACALL**

Section B Prescription Medication.

Copy the name of the prescription, the strength in milligrams (mg) or other units, the total number of doses taken per day, week or month. Indicate whether the medication is taken on an "as needed" basis, and whether or not the container was actually seen. In addition, record reason for use, date started, and formulation code.

	Medication Name (Generic Name or Trade Name)	Strength	Units	Indicate Number Used & Circle Day, Week or Month	PRN? Check "X": Yes or No	Container Seen? Check "X": Yes or No
1.	MIFNAME	MIF STREN	MIFUNIT	MIFDWM ____ D W M; MIFNMUS 1 2 3	MIFPRN 1 Y 0 N	MIFSEEN 1 Y 0 N
	Reason for use: MIFREAS			Date Started: MIFMONTH / MIFYEAR Month Year	Formulation Code: MIFFORM	MIFRX 1 Rx 0 Non Rx
2.				____ D W M	Y N	Y N
	Reason for use:			Date Started: Month / Year	Formulation Code:	Rx / Non Rx
3.				____ D W M	Y N	Y N
	Reason for use:			Date Started: Month / Year	Formulation Code:	Rx / Non Rx
4.				____ D W M	Y N	Y N
	Reason for use:			Date Started: Month / Year	Formulation Code:	Rx / Non Rx
5.				____ D W M	Y N	Y N
	Reason for use:			Date Started: Month / Year	Formulation Code:	Rx / Non Rx

Health ABC YEAR 2 MEDICATION INVENTORY FORM--page b

Section B Prescription Medication -- Continued

	Medication Name (Generic Name or Trade Name)	Strength	Units	Indicate Number Used & Circle Day, Week or Month	PRN? Check "X": Yes or No	Container Seen? Check "X": Yes or No
6.	MIFNAME	MIF STREN	MIFUNIT	MIFDWM ____ D W M MIFNMUS 1 2 3	MIFPRN 1 Y 0 N	MIFSEEN 1 Y 0 N
	Reason for use: MIFREAS			Date Started: MIFMONTH / MIFYEAR Month Year	Formulation Code: MIFFORM	1 Rx 0 Non Rx MIFRX
7.				____ D W M	☐ Y ☐ N	☐ Y ☐ N
	Reason for use:			Date Started: Month / Year	Formulation Code:	☐ Rx ☐ Non Rx
8.				____ D W M	☐ Y ☐ N	☐ Y ☐ N
	Reason for use:			Date Started: Month / Year	Formulation Code:	☐ Rx ☐ Non Rx
9.				____ D W M	☐ Y ☐ N	☐ Y ☐ N
	Reason for use:			Date Started: Month / Year	Formulation Code:	☐ Rx ☐ Non Rx
10.				____ D W M	☐ Y ☐ N	☐ Y ☐ N
	Reason for use:			Date Started: Month / Year	Formulation Code:	☐ Rx ☐ Non Rx
11.				____ D W M	☐ Y ☐ N	☐ Y ☐ N
	Reason for use:			Date Started: Month / Year	Formulation Code:	☐ Rx ☐ Non Rx
12.				____ D W M	☐ Y ☐ N	☐ Y ☐ N
	Reason for use:			Date Started: Month / Year	Formulation Code:	☐ Rx ☐ Non Rx

☐ Continued on MIF Supplement

Formulation Codes

0=unidentifiable, 1=oral tablet, 2=oral capsule, 3=oral liquid, 4=topical cream, lotion, or ointment, 5=other liquid, 6=ophthalmic, 7=missing, 8=rectal or vaginal, 9=inhaled or nasal, 10=injected, 11=transdermal patch, 12=powder, 99=other

Health ABC

YEAR 2 MEDICATION INVENTORY FORM--page c

Section C Over-the-counter Medications and Supplements

Copy the name of the over-the-counter medicine, the strength in milligrams (mg) or other units, the total number of doses taken per day, week or month. Indicate whether the medication is taken on an "as needed" basis, and whether or not the container was actually seen. In addition, record reason for use, date started, and formulation code.

	Medication Name (Generic Name or Trade Name)	Strength	Units	Indicate Number Used & Circle Day, Week or Month	PRN? Check "X": Yes or No	Container Seen? Check "X": Yes or No
1.	MIFNAME	MIF STREN	MIFUNIT	MIFDWM ____ D W M (MIFNMUS 1 2 3)	MIFPRN 1 Y 0 N	MIFSEEN 1 Y 0 N
	Reason for use: MIFREAS			Date Started: MIFMONTH / MIFYEAR	Formulation Code: MIFFORM	1 Rx 0 Non Rx MIFRX
2.				____ D W M	☐ Y ☐ N	☐ Y ☐ N
	Reason for use:			Date Started: Month / Year	Formulation Code:	☐ Rx ☐ Non Rx
3.				____ D W M	☐ Y ☐ N	☐ Y ☐ N
	Reason for use:			Date Started: Month / Year	Formulation Code:	☐ Rx ☐ Non Rx
4.				____ D W M	☐ Y ☐ N	☐ Y ☐ N
	Reason for use:			Date Started: Month / Year	Formulation Code:	☐ Rx ☐ Non Rx
5.				____ D W M	☐ Y ☐ N	☐ Y ☐ N
	Reason for use:			Date Started: Month / Year	Formulation Code:	☐ Rx ☐ Non Rx
6.				____ D W M	☐ Y ☐ N	☐ Y ☐ N
	Reason for use:			Date Started: Month / Year	Formulation Code:	☐ Rx ☐ Non Rx
7.				____ D W M	☐ Y ☐ N	☐ Y ☐ N
	Reason for use:			Date Started: Month / Year	Formulation Code:	☐ Rx ☐ Non Rx

Section C Over-the-counter Medications and Supplements (continued)

	Medication Name (Generic Name or Trade Name)	Strength	Units	Indicate Number Used & Circle Day, Week or Month	PRN? Check "X": Yes or No	Container Seen? Check "X": Yes or No
8.	MIFNAME	MIF STREN	MIFUNIT	____ MIFDWM D W M; MIFNMUS 1 2 3	MIFPRN 1 Y 0 N	MIFSEEN 1 Y 0 N
	Reason for use: MIFREAS			Date Started: MIFMONTH / MIFYEAR	Formulation Code: MIFFORM	1 Rx 0 Non Rx MIFRX
9.				____ D W M	Y N	Y N
	Reason for use:			Date Started: Month / Year	Formulation Code:	Rx Non Rx
10.				____ D W M	Y N	Y N
	Reason for use:			Date Started: Month / Year	Formulation Code:	Rx Non Rx
11.				____ D W M	Y N	Y N
	Reason for use:			Date Started: Month / Year	Formulation Code:	Rx Non Rx
12.				____ D W M	Y N	Y N
	Reason for use:			Date Started: Month / Year	Formulation Code:	Rx Non Rx
13.				____ D W M	Y N	Y N
	Reason for use:			Date Started: Month / Year	Formulation Code:	Rx Non Rx
14.				____ D W M	Y N	Y N
	Reason for use:			Date Started: Month / Year	Formulation Code:	Rx Non Rx

☐ Continued on MIF Supplement

Formulation Codes

0=unidentifiable, 1=oral tablet, 2=oral capsule, 3=oral liquid, 4=topical cream, lotion, or ointment, 5=other liquid, 6=ophthalmic, 7=missing, 8=rectal or vaginal, 9=inhaled or nasal, 10=injected, 11=transdermal patch, 12=powder, 99=other

Health ABC

HABC Enrollment ID #	Acrostic	Date Form Completed	Staff ID #
MAID/MIFID	MAACROS	MIFDATE/MADATE (Month / Day / Year)	MASTAFF

YEAR 2 MEDICATION INVENTORY FORM

SUPPLEMENT

Prescription and Over-the-counter Medications and Supplements

Copy the name of the prescription or over-the-counter medicine, the strength in milligrams (mg) or other units and the total number of doses taken per day, week or month.

	Medication Name (Generic Name or Trade Name)	Strength	Units	Indicate Number Used & Circle Day, Week or Month	PRN? Check "X": Yes or No	Container Seen? Check "X": Yes or No
1S.	MIFNAME	MIF STREN	MIFUNIT	MIFDWM: ____ D W M; MIFNMUS: 1 2 3	MIFPRN: 1 Y 0 N	MIFSEEN: 1 Y 0 N
	Reason for use: MIFREAS			Date Started: MIFMONTH / MIFYEAR (Month Year)	Formulation Code: MIFFORM	MIFRX: 1 Rx 0 Non Rx
2S.				____ D W M	Y N	Y N
	Reason for use:			Date Started: Month / Year	Formulation Code:	Rx / Non Rx
3S.				____ D W M	Y N	Y N
	Reason for use:			Date Started: Month / Year	Formulation Code:	Rx / Non Rx
4S.				____ D W M	Y N	Y N
	Reason for use:			Date Started: Month / Year	Formulation Code:	Rx / Non Rx
5S.				____ D W M	Y N	Y N
	Reason for use:			Date Started: Month / Year	Formulation Code:	Rx / Non Rx
6S.				____ D W M	Y N	Y N
	Reason for use:			Date Started: Month / Year	Formulation Code:	Rx / Non Rx
7S.				____ D W M	Y N	Y N
	Reason for use:			Date Started: Month / Year	Formulation Code:	Rx / Non Rx

Health ABC

HABC Enrollment ID # H | Acrostic

B1ID2 B1ACROS2

WEIGHT, RADIAL PULSE, RESPIRATORY RATE, AND TEMPERATURE

WEIGHT

❶ **B1WTK** ___.___ kg

B1STFID1 Staff ID# ___

RADIAL PULSE

B1STFID4 Staff ID# ___

❷

Measurement 1 ___ **B1PULSE** beats per minute

Measurement 2 ___ **B1PULSE2** beats per minute

Clinic Use Only

Measurement 1 ___ **B1PLSSM1** beats per 30 seconds

x 2

Measurement 2 ___ **B1PLSMS2** beats per 30 seconds

x 2

Total (Measurement 1 + Measurement 2)

___ **B1PLSTOT**

÷ 2

= ___ Average beats per minute **B1PLSAV**

(Examiner Note: Record Radial Pulse on Long Distance Corridor Walk Eligibility Assessment Form, page 19, Question #2a.)

RESPIRATORY RATE

❸

___ **B1RESP** inspirations per 30 seconds

Staff ID# ___ **B1STFID5**

TEMPERATURE

❹

___.___ °**F** **B1TEMP**

Staff ID# ___ **B1STFID3**

BLOOD PRESSURE

BLOOD PRESSURE

1 **Cuff Size** [4] Small [1] Regular [2] Large [3] Thigh **B1OCUF**

2 **Arm Used** [1] Right [2] Left → *Please explain why right arm was not used:* _____

(Examiner Note: Refer to Data from Baseline Visit Form.) **B1ARMRL**

Pulse Obliteration Level

3 **Palpated Systolic** [ ][ ][ ] **B1POPS** mmHg * *Add +30 to Palpated Systolic to obtain Maximal Inflation Level.*

Add 30*

4 **Maximal Inflation Level (MIL)** [ ][ ][ ] † **B1POMX** † mmHg *If MIL is ≥ 300 mmHg, repeat the MIL. If MIL is still ≥ 300 mmHg, terminate blood pressure measurements.*

5 Was blood pressure measurement terminated because MIL > 300 mmHg after second reading?

[1] Yes [0] No **B1BPYN**

Sitting Blood Pressure Measurement #1

Comments (required for missing or unusual values): **B1SYS**

6 **Systolic** [ ][ ][ ] mmHg

7 **Diastolic** [ ][ ][ ] mmHg **B1DIA**

Sitting Blood Pressure Measurement #2

Comments (required for missing or unusual values): **B1SY2**

8 **Systolic** [ ][ ][ ] mmHg

9 **Diastolic** [ ][ ][ ] mmHg **B1DIA2**

Standing Blood Pressure Measurement

Examiner Note:

a) Perform Standing Blood Pressure Measurement after participant has been standing for one minute.

10 **Systolic** **B1SY3** [ ][ ][ ] mmHg

11 **Diastolic** **B1DIA3** [ ][ ][ ] mmHg

b) Record these measurements on Long Distance Corridor Walk Eligibility Assessment Form (page 19, Question #2b).

Health ABC

HABC Enrollment ID #	Acrostic	Date Form Completed	Staff ID #
H B2ID	B2ACROS	B2DATE Month / Day / Year	B2STFID

FOOD FREQUENCY QUESTIONNAIRE

Food Introduction

Now I'd like to ask you some questions about the foods you usually eat. There are no right or wrong answers, and it is very important that we learn what you actually eat, not what you think you should eat.

This section is about your usual eating habits over the past year or so. This includes all meals or snacks, at home or in a restaurant or carry-out.

Please tell me how often, on average, you eat each food. For example, twice a week, three times a month, and so forth.

Interviewer Note: REQUIRED - Show Card A

Also, please tell me how much you usually eat of each food. Sometimes I'll ask "how much" as number of pieces, such as 1 egg, 2 eggs, etc. Sometimes I'll ask you to tell me the portion size you usually eat, using these models ***(Interviewer Note: Show models)***.

	How often? →								How much each time?				
Type of Food	Never	1-11 times per year	Once per mon.	2-3 times per mon.	Once per week	Twice per week	3-4 times per week	5-6 times per week	Every Day	Portion Size				
Please tell me how often you eat each of the following foods.										B2BANASZ				
Bananas B2BANA	①	②	③	④	⑤	⑥	⑦	⑧	⑨	How many each time?	① 1/2	② 1	③ 2	④ 3
Fresh apples or pears B2APPL	①	②	③	④	⑤	⑥	⑦	⑧	⑨	How many? B2APPLSZ	① 1/2	② 1	③ 2	④ 3
Oranges or tangerines, not including juice B2ORAN	①	②	③	④	⑤	⑥	⑦	⑧	⑨	How many? B2ORANSZ	① 1/2	② 1	③ 2	④ 3
Grapefruit, not including juice B2GFRU	①	②	③	④	⑤	⑥	⑦	⑧	⑨	How many? B2GFRUSZ	① 1/2	② 1	③ 2	④ 3
Cantaloupe B2CANT	①	②	③	④	⑤	⑥	⑦	⑧	⑨	How much? B2CANTSZ	① 1/8	② 1/4	③ 1/2	④ 1
Raw peaches, apricots, nectarines, in season B2PEAC	①	②	③	④	⑤	⑥	⑦	⑧	⑨	How many? B2PEACSZ	① 1/2	② 1	③ 2	④ 3
Applesauce, fruit cocktail, canned pears B2APA	①	②	③	④	⑤	⑥	⑦	⑧	⑨	How much? B2APASZ	① A	② B	③ C	④ D
Canned, frozen or stewed peaches or apricots B2CNPC	①	②	③	④	⑤	⑥	⑦	⑧	⑨	How much? B2CNPCSZ	① A	② B	③ C	④ D
Any other fruit, like grapes honeydew, pineapple, strawberries B2OTH	①	②	③	④	⑤	⑥	⑦	⑧	⑨	How much? B2OTHSZ	① A	② B	③ C	④ D
	Never	1-11 times per year	Once per mon.	2-3 times per mon.	Once per week	Twice per week	3-4 times per week	5-6 times per week	Every Day					

Health ABC

FOOD FREQUENCY QUESTIONNAIRE

Type of Food	How often? Never	1-11 times per year	Once per mon.	2-3 times per mon.	Once per week	Twice per week	3-4 times per week	5-6 times per week	Every Day	How much each time? Portion Size				
How often do you eat...?														
Eggs, including biscuit sandwiches, and Egg McMuffins **B2EGGS**	①	②	③	④	⑤	⑥	⑦	⑧	⑨	How many eggs each time? **B2EGGSSZ**	① 1	② 2	③ 3	④ 4
Bacon **B2BACN**	①	②	③	④	⑤	⑥	⑦	⑧	⑨	How many pieces? **B2BACNSZ**	① 1	② 2	③ 3	④ 4
Breakfast sausage, including sausage biscuits **B2SAUS**	①	②	③	④	⑤	⑥	⑦	⑧	⑨	How many pieces? **B2SAUSSZ**	① 1	② 2	③ 3	④ 4
Pancakes, waffles, or French toast **B2PANC**	①	②	③	④	⑤	⑥	⑦	⑧	⑨	How many pieces? **B2PANCSZ**	① 1	② 2	③ 3	④ 4
Cooked cereals like oatmeal, cream of wheat, or grits **B2OATM**	①	②	③	④	⑤	⑥	⑦	⑧	⑨	How much? (bowl) **B2OATMSZ**		② B	③ C	④ D
Any kind of cold cereal ***(Interviewer Note: If "Never" skip to Cottage Cheese)*** **B2CERE**	①	②	③	④	⑤	⑥	⑦	⑧	⑨					
How often do you eat Fiber or bran cereals? **B2FIBR**	①	②	③	④	⑤	⑥	⑦	⑧	⑨	How much? (bowl) **B2FIBRSZ**		② B	③ C	④ D
How often do you eat Product 19, Just Right or Total cereal? **B2TOTL**	①	②	③	④	⑤	⑥	⑦	⑧	⑨	How much? (bowl) **B2TOTLSZ**		② B	③ C	④ D
How often do you eat other cold cereals like Corn Flakes, Cheerios, Special K? **B2SPEK**	①	②	③	④	⑤	⑥	⑦	⑧	⑨	How much? (bowl) **B2SPEKSZ**		② B	③ C	④ D
How often do you use milk on cereal? **B2MILK**	①	②	③	④	⑤	⑥	⑦	⑧	⑨	Don't ask				
Cottage cheese **B2COTT**	①	②	③	④	⑤	⑥	⑦	⑧	⑨	How much? **B2COTTSZ**	① A	② B	③ C	④ D
Other cheese or cheese spread, including on sandwiches **B2CHES**	①	②	③	④	⑤	⑥	⑦	⑧	⑨	How many slices? **B2CHESSZ**	① 1	② 2	③ 3	④ 4
When you eat cheese is it...? **B2FAT1**	① Usually low-fat	② Sometimes	③ Rarely or never low-fat	④ N/A										
Yogurt or frozen yogurt **B2YOGR**	①	②	③	④	⑤	⑥	⑦	⑧	⑨	How much? **B2YOGRSZ**	① A	② B	③ C	④ D
When you eat yogurt is it...? **B2FAT2**	① Usually low-fat	② Sometimes	③ Rarely or never low-fat	④ N/A										
	Never	1-11 times per year	Once per mon.	2-3 times per mon.	Once per week	Twice per week	3-4 times per week	5-6 times per week	Every Day					

Health ABC

FOOD FREQUENCY QUESTIONNAIRE

How often do you eat the following vegetables, including fresh, frozen, canned or in stir-fry, at home or in a restaurant?

Interviewer Note: REQUIRED-Show Card B Type of Food	How often? →									How much each time?				
	Never	1-11 times per year	Once per mon.	2-3 times per mon.	Once per week	Twice per week	3-4 times per week	5-6 times per week	Every Day		Portion Size			
How often do you eat...?														
French fries and fried potatoes **B2FRYS**	①	②	③	④	⑤	⑥	⑦	⑧	⑨	How much? **B2FRYSSZ**	① A	② B	③ C	④ D
White potatoes not fried, including boiled, baked, mashed & potato salad **B2POTA**	①	②	③	④	⑤	⑥	⑦	⑧	⑨	How much? **B2POTASZ**	① A	② B	③ C	④ D
*When you ate boiled or baked potatoes, how often did you eat them without butter, margarine, or sour cream? **B2FAT3** ① Usually or Always ② Often ③ Sometimes ④ Rarely or never														
Sweet potatoes, yams **B2YAMS**	①	②	③	④	⑤	⑥	⑦	⑧	⑨	How much? **B2YAMSSZ**	① A	② B	③ C	④ D
Rice, or dishes made with rice **B2RICE**	①	②	③	④	⑤	⑥	⑦	⑧	⑨	How much? **B2RICESZ**	① A	② B	③ C	④ D
Stuffing or dressing **B2STUF**	①	②	③	④	⑤	⑥	⑦	⑧	⑨	How much? **B2STUFSZ**	① A	② B	③ C	④ D
Baked beans, chili with beans, blackeye peas, any other dried beans **B2BEAN**	①	②	③	④	⑤	⑥	⑦	⑧	⑨	How much? **B2BEANSZ**	① A	② B	③ C	④ D
Corn **B2CORN**	①	②	③	④	⑤	⑥	⑦	⑧	⑨	How much? **B2CORNSZ**	① A	② B	③ C	④ D
Green beans or green peas **B2PEAS**	①	②	③	④	⑤	⑥	⑦	⑧	⑨	How much? **B2PEASSZ**	① A	② B	③ C	④ D
Broccoli **B2BROC**	①	②	③	④	⑤	⑥	⑦	⑧	⑨	How much? **B2BROCSZ**	① A	② B	③ C	④ D
Carrots, or mixed vegetables containing carrots, or stews with carrots **B2MVEG**	①	②	③	④	⑤	⑥	⑦	⑧	⑨	How much? **B2MVEGSZ**	① A	② B	③ C	④ D
Spinach **B2SPIN**	①	②	③	④	⑤	⑥	⑦	⑧	⑨	How much? **B2SPINSZ**	① A	② B	③ C	④ D
Collards, mustard greens, turnip greens **B2GRNS**	①	②	③	④	⑤	⑥	⑦	⑧	⑨	How much? **B2GRNSSZ**	① A	② B	③ C	④ D
Cole slaw, cabbage **B2SLAW**	①	②	③	④	⑤	⑥	⑦	⑧	⑨	How much? **B2SLAWSZ**	① A	② B	③ C	④ D
Green salad **B2GSAL**	①	②	③	④	⑤	⑥	⑦	⑧	⑨	How much? **B2GSALSZ**	① A	② B	③ C	④ D
Raw tomatoes **B2TOMA**	①	②	③	④	⑤	⑥	⑦	⑧	⑨	How much? **B2TOMASZ**	① A	② B	③ C	④ D
Salad dressing **B2DRES**	①	②	③	④	⑤	⑥	⑦	⑧	⑨	How many TBSP? **B2DRESSZ**	① 1	② 2	③ 3	④ 4
When you use salad dressing is it?: ① Always low-fat ② Sometimes ③ Rarely low-fat ④ N/A **B2FAT4**														
Any other vegetable, like okra, cooked green peppers, cooked onions **B2OTHV**	①	②	③	④	⑤	⑥	⑦	⑧	⑨	How much? **B2OTHVSZ**	① A	② B	③ C	④ D
Vegetable soup, vegetable beef, chicken vegetable, or tomato soup **B2SOUP**	①	②	③	④	⑤	⑥	⑦	⑧	⑨	How much? (bowl) **B2SOUPSZ**		② B	③ C	④ D
Other soups, like chicken noodle, chowder **B2OTHS**	①	②	③	④	⑤	⑥	⑦	⑧	⑨	How much? (bowl) **B2OTHSSZ**		② B	③ C	④ D
	Never	1-11 times per year	Once per mon.	2-3 times per mon.	Once per week	Twice per week	3-4 times per week	5-6 times per week	Every Day					

Draft

Health ABC

FOOD FREQUENCY QUESTIONNAIRE

Interviewer Note:
REQUIRED-Show Card C

Type of Food	How often? Never	1-11 times per year	Once per mon.	2-3 times per mon.	Once per week	Twice per week	3-4 times per week	5-6 times per week	Every Day	How much each time? Portion Size				
Hamburgers, cheeseburgers, meat loaf, at home or in a restaurant **B2BURG**	1	2	3	4	5	6	7	8	9	How much? (model) **B2BURGSZ**	1 Less	2 Same	3 More	4 Much more
Beef, including steaks, roasts, pot roast, or in sandwiches **B2BEEF**	1	2	3	4	5	6	7	8	9	How much? (model) **B2BEEFSZ**	1 Less	2 Same	3 More	4 Much more
Liver, including chicken livers or liverwurst **B2LIVR**	1	2	3	4	5	6	7	8	9	How much? (model) **B2LIVRSZ**	1 Less	2 Same	3 More	4 Much more
Pork, including chops, roasts, pigs feet, or dinner ham **B2PORK**	1	2	3	4	5	6	7	8	9	How much? (model) **B2PORKSZ**	1 Less	2 Same	3 More	4 Much more
*When you cook red meat, how often do you trim all the fat before cooking? **B2FAT5**	1 Usually or Always	2 Often	3 Sometimes	4 Rarely or never	8 Don't know/Don't do									
When you eat beef or pork, how often do you eat the fat?	1 Rarely or never	2 Sometimes	3 Often eat the fat	4 N/A **B2FAT6**										
Mixed dishes with meat, like corned beef hash, stuffed cabbage, pork chow mein, or frozen meals with meat **B2MIXD**	1	2	3	4	5	6	7	8	9	How much? (blocks or bowl) **B2MIXDSZ**	1 A	2 B	3 C	4 D
Fried chicken, at home or in a restaurant **B2FRCH**	1	2	3	4	5	6	7	8	9	How much? (model) **B2FRCHSZ**	1 Less	2 Same	3 More	4 Much more
Chicken or turkey, roasted or broiled, including on sandwiches **B2CHIK**	1	2	3	4	5	6	7	8	9	How much? (model) **B2CHIKSZ**	1 Less	2 Same	3 More	4 Much more
When you eat chicken, how often do you eat the skin?	1 Rarely or never	2 Sometimes	3 Often eat the skin	4 N/A **B2FAT7**										
Chicken stew, chicken casserole, other mixed dishes like chicken & dumplings or frozen meals with chicken, or chicken pot pies **B2STEW**	1	2	3	4	5	6	7	8	9	How much? (blocks or bowl) **B2STEWSZ**	1 A	2 B	3 C	4 D
Shellfish like shrimp, scallops, crabs **B2CRAB**	1	2	3	4	5	6	7	8	9	How much? **B2CRABSZ**	1 A	2 B	3 C	4 D
Tuna, tuna salad, tuna casserole **B2TUNA**	1	2	3	4	5	6	7	8	9	How much of the tuna? **B2TUNASZ**	1 A	2 B	3 C	4 D
Fried fish or fish sandwich, at home or in a restaurant **B2FISH**	1	2	3	4	5	6	7	8	9	How much? (model) **B2FISHSZ**	1 Less	2 Same	3 More	4 Much more
Other fish, broiled or baked **B2OTHF**	1	2	3	4	5	6	7	8	9	How much? (model) **B2OTHFSZ**	1 Less	2 Same	3 More	4 Much more
Hot dogs **B2HDOG**	1	2	3	4	5	6	7	8	9	How many hot dogs? **B2HDOGSZ**	1 1	2 2	3 3	4 4
Bologna, sliced ham, chicken salad, other lunch meats **B2MEAT**	1	2	3	4	5	6	7	8	9	How many slices? **B2MEATSZ**	1 1	2 2	3 3	4 4
When you eat lunch meats, are they...?	1 Usually low-fat	2 Sometimes	3 Rarely low-fat	4 N/A **B2FAT8**										
Spaghetti or other pasta with tomato sauce, like lasagna **B2PAST**	1	2	3	4	5	6	7	8	9	How much? (bowl or blocks) **B2PASTSZ**	1 A	2 B	3 C	4 D
Cheese dishes without tomato sauce, like macaroni and cheese, or cheese grits **B2MACA**	1	2	3	4	5	6	7	8	9	How much? (bowl or blocks) **B2MACASZ**	1 A	2 B	3 C	4 D
Pizza, including carry out **B2PIZZ**	1	2	3	4	5	6	7	8	9	How many slices? **B2PIZZSZ**	1 1	2 2	3 3	4 4
	Never	1-11 times per year	Once per mon.	2-3 times per mon.	Once per week	Twice per week	3-4 times per week	5-6 times per week	Every Day					

Draft

FOOD FREQUENCY QUESTIONNAIRE

Interviewer Note: REQUIRED - Show Card D Type of Food	How often? →									How much each time?				
	Never or less than once per month	Once per mon.	2-3 times per mon.	Once per week	Twice per week	3-4 times per week	5-6 times per week	Every Day	2+ times per day	Portion Size				
Now I'm going to ask you about five different types of bread. How often do you eat...?														
Biscuits, muffins **B2MUFF**	①	②	③	④	⑤	⑥	⑦	⑧	⑨	What size? **B2MUFFSZ**	① A	② B	③ C	④ D
Rolls, hamburger buns, English muffins, bagels **B2ROLL**	①	②	③	④	⑤	⑥	⑦	⑧	⑨	How many pieces each time? **B2ROLLSZ**	① 1/2	② 1	③ 2	④ 3
White bread, including French, Italian, or in sandwiches **B2WBRD**	①	②	③	④	⑤	⑥	⑦	⑧	⑨	How many slices each time? **B2WBRDSZ**	① 1	② 2	③ 3	④ 4
Whole wheat, rye, other dark breads **B2DBRD**	①	②	③	④	⑤	⑥	⑦	⑧	⑨	How many slices each time? **B2DBRDSZ**	① 1	② 2	③ 3	④ 4
Cornbread, corn muffins, hush puppies **B2CBRD**	①	②	③	④	⑤	⑥	⑦	⑧	⑨	How much? **B2CBRDSZ**	① A	② B	③ C	④ D
Butter or margarine on bread or on potatoes, vegetables, etc. **B2MARG**	①	②	③	④	⑤	⑥	⑦	⑧	⑨	How many pats? **B2MARGSZ**	① 1	② 2	③ 3	④ 4
Mayonnaise, sandwich spreads **B2MAYO**	①	②	③	④	⑤	⑥	⑦	⑧	⑨	How many TBSP? **B2MAYOSZ**	① 1	② 2	③ 3	④ 4
Peanut butter **B2PNUT**	①	②	③	④	⑤	⑥	⑦	⑧	⑨	How many TBSP? **B2PNUTSZ**	① 1	② 2	③ 3	④ 4
Ketchup or salsa **B2KTCH**	①	②	③	④	⑤	⑥	⑦	⑧	⑨	How many TBSP? **B2KTCHSZ**	① 1	② 2	③ 3	④ 4
Gravy **B2GRAV**	①	②	③	④	⑤	⑥	⑦	⑧	⑨	How many TBSP? **B2GRAVSZ**	① 1	② 2	③ 3	④ 4
Snacks, like potato chips, corn chips, popcorn (not pretzels) **B2SNCK**	①	②	③	④	⑤	⑥	⑦	⑧	⑨	How much? **B2SNCKSZ**	① A	② B	③ C	④ D
Peanuts, pecans, other nuts or seeds **B2NUTS**	①	②	③	④	⑤	⑥	⑦	⑧	⑨	How much? **B2NUTSSZ**	① A	② B	③ C	④ D
Crackers **B2CRCK**	①	②	③	④	⑤	⑥	⑦	⑧	⑨	How much? **B2CRCKSZ**	① A	② B	③ C	④ D
	Never or less than once per month	Once per mon.	2-3 times per mon.	Once per week	Twice per week	3-4 times per week	5-6 times per week	Every Day	2+ times per day					

FOOD FREQUENCY QUESTIONNAIRE

Type of Food	How often? →									How much each time? Portion Size
	Never or less than once per month	Once per mon.	2-3 times per mon.	Once per week	Twice per week	3-4 times per week	5-6 times per week	Every Day	2+ times per day	
Doughnuts, Danish pastry **B2DONU**	①	②	③	④	⑤	⑥	⑦	⑧	⑨	How much? ① A ② B ③ C ④ D **B2DONUSZ**
Cake, sweet rolls, coffee cake **B2CAKE**	①	②	③	④	⑤	⑥	⑦	⑧	⑨	How much? ① A ② B ③ C ④ D **B2CAKESZ**
When you eat cake or coffee cake, is it...? **B2FAT9**	① Usually low-fat	② Sometimes	③ Rarely low-fat	④ N/A						
Cookies **B2COOK**	①	②	③	④	⑤	⑥	⑦	⑧	⑨	How much? ① A ② B ③ C ④ D **B2COOKSZ**
When you eat cookies, are they...? **B2FAT10**	① Usually low-fat	② Sometimes	③ Rarely low-fat	④ N/A						
Ice cream, ice milk, ice cream bars **B2ICEC**	①	②	③	④	⑤	⑥	⑦	⑧	⑨	How much? ① A ② B ③ C ④ D **B2ICECSZ**
When you eat ice cream, is it...? **B2FAT11**	① Usually low-fat	② Sometimes	③ Rarely low-fat	④ N/A						
Pumpkin pie, sweet potato pie **B2PIES**	①	②	③	④	⑤	⑥	⑦	⑧	⑨	How much? ① A ② B ③ C ④ D **B2PIESSZ**
Any other pies or cobbler **B2OTHP**	①	②	③	④	⑤	⑥	⑦	⑧	⑨	How much? ① A ② B ③ C ④ D **B2OTHPSZ**
Pudding **B2PUDD**	①	②	③	④	⑤	⑥	⑦	⑧	⑨	How much? ① A ② B ③ C ④ D **B2PUDDSZ**
Chocolate candy, candy bars **B2CHOC**	①	②	③	④	⑤	⑥	⑦	⑧	⑨	How much? ① A ② B ③ C ④ D **B2CHOCSZ**
	Less than once per month	Once per mon.	2-3 times per mon.	Once per week	Twice per week	3-4 times per week	5-6 times per week	Every Day	2+ times per day	

FOOD FREQUENCY QUESTIONNAIRE

How many? → | **Which glass, can, or cup?**

Interviewer Note: REQUIRED - Show Card E Type of Food	Never or 1-11 per year	1-3 per mon.	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4 per day	5+ per day	Portion Size
How many glasses of the following beverages do you drink per day or per week?										
How many glasses of orange juice or grapefruit juice? **B2OJ**	①	②	③	④	⑤	⑥	⑦			Which glass? **B2OJSZ** ① A ② B ③ C ④ D
When you drink orange juice, how often do you drink a calcium fortified brand? **B2OJC**	① Usually calcium-fortified			② Sometimes			③ Rarely/never calcium-fortified			④ N/A
How many glasses of Hi-C, Kool-Aid, or other drinks with added vitamin C? **B2HIC**	①	②	③	④	⑤	⑥	⑦			Which glass? **B2HICSZ** ① A ② B ③ C ④ D
How many glasses of tomato iuice or V-8 iuice? **B2V8**	①	②	③	④	⑤	⑥	⑦			Which glass? **B2V8SZ** ① A ② B ③ C ④ D
How many glasses of other fruit juices like apple juice, prune juice, lemonade? **B2FRUT**	①	②	③	④	⑤	⑥	⑦			Which glass? **B2FRUTSZ** ① A ② B ③ C ④ D
How many glasses of instant breakfast milkshakes like Carnation, diet shakes like SlimFast, or liquid supplements like Ensure? **B2SUPL**	①	②	③	④	⑤	⑥	⑦	⑧		Standard serving will be assumed **B2MLK2SZ**
How many glasses of milk, chocolate milk or cocoa? **B2MLK2**	①	②	③	④	⑤	⑥	⑦	⑧		Which glass? ① A ② B ③ C ④ D
When you drink glasses of milk is it usually...? **B2MILK3**	① Whole milk		② 2% milk		③ 1% milk		④ Skim milk		⑤ Soy milk	⑥ N/A
How many regular soft drinks, or bottled sweetened teas (not diet)? **B2SOFT**	①	②	③	④	⑤	⑥	⑦	⑧	⑨	What size? **B2SOFTSZ** ① <1 can/bot ② 12 oz can/bot ③ 16 oz can/bot ④ Larger can/bot
How many bottles or cans of beer? **B2BEER**	①	②	③	④	⑤	⑥	⑦	⑧	⑨	What size? **B2BEERSZ** ① <1 can/bot ② 12 oz. can/bot ③ 16 oz. can/bot ④ Larger can/bot
How many glasses of wine or wine coolers? **B2WINE**	①	②	③	④	⑤	⑥	⑦	⑧	⑨	Which glass? **B2WINESZ** ① A ② B ③ C ④ D
How many glasses or shots of liquor or mixed drinks? **B2SHOT**	①	②	③	④	⑤	⑥	⑦	⑧	⑨	Standard serving will be assumed **B2COFFSZ**
How many cups of coffee, regular or decaf? **B2COFF**	①	②	③	④	⑤	⑥	⑦	⑧	⑨	Which glass? ① A ② B ③ C ④ D
How many cups of tea or iced tea, but not herbal teas? **B2TEA**	①	②	③	④	⑤	⑥	⑦	⑧	⑨	Which glass? **B2TEASZ** ① A ② B ③ C ④ D
How often do you have cream, half and half or nondairy creamer in coffee or tea? **B2CRM**	①	②	③	④	⑤	⑥	⑦	⑧	⑨	How many TBSP in each cup? **B2CRMSZ** ① 1 ② 2 ③ 3 ④ 4
How often do you have milk in coffee or tea? **B2MLK4**	①	②	③	④	⑤	⑥	⑦	⑧	⑨	How many TBSP in each cup? **B2MLK4SZ** ① 1 ② 2 ③ 3 ④ 4
How often do you have sugar or honey in coffee or tea or on cereal? **B2SUGR**	①	②	③	④	⑤	⑥	⑦	⑧	⑨	How many TSP in each cup? **B2SUGRSZ** ① 1 ② 2 ③ 3 ④ 4
	Never or 1-11 per year	1-3 per mo	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4 per day	5+ per day	

FOOD FREQUENCY QUESTIONNAIRE

Interviewer Note: REQUIRED - Show Card F	Average use in the past year								
	Less than once per week	1-2 per week	3-4 per week	5-6 per week	1 per day	1 1/2 per day	2 per day	3 per day	4+ per day
About how many servings of vegetables do you eat per day or per week, not counting salad or potatoes? **B2VEG**	①	②	③	④	⑤	⑥	⑦	⑧	⑨

*How often did you add butter, margarine, salt pork, or bacon fat? **B2FAT12**
① Usually or Always ② Often ③ Sometimes ④ Rarely or never ⑧ Don't know

*How often were they fried? **B2FRIED**
① Usually or Always ② Often ③ Sometimes ④ Rarely or never ⑧ Don't know

About how many servings of fruit do you eat, not counting juices? **B2FRUIT**	①	②	③	④	⑤	⑥	⑦	⑧	⑨
How often do you use fat or oil to fry or stir fry, or to simmer or season your food? **B2FAT13**	①	②	③	④	⑤	⑥	⑦	⑧	⑨

IF FAT OR OIL ONCE PER WEEK OR MORE:

What kinds of fat or oil do you usually use to fry or stir-fry, or to simmer or season your food?
(Interviewer Note: Do not read response options. Mark only one or two answers.)

-① Stick margarine **B2MARGST**
-① Soft tub margarine **B2MARGTB**
-① Butter **B2BUTTER**
-① Butter/Margarine blend **B2BLEND**
-① Low-fat margarine **B2LOWFAT**
-① Corn oil, vegetable oil **B2VEGOIL**
-① Olive oil or canola oil **B2OLVOIL**
-① Lard, fatback, baconfat **B2LARD**
-① Crisco shortening **B2CRISCO**
-① PAM **B2PAM**
-① Don't know **B2DK**

*How often do you use Pam or other non-stick spray instead of oil, margarine, or butter to saute or pan fry foods? **B2SPRAY**
① Usually or Always ② Often ③ Sometimes ④ Rarely or never ⑧ Don't know/Don't do

*When you ate bread, rolls, muffins, or crackers, how often did you eat them with butter or margarine? **B2WBUTTR**
① Usually or Always ② Often ③ Sometimes ④ Rarely or never ⑧ Don't know

Interviewer Note: Please answer the following question based on your judgement of the participant's responses to the food frequency questions.

On the whole, how reliable do you think the participant's responses to the food frequency questions are? **B2RELY**

① Very reliable
② Fairly reliable
③ Not very reliable
⑧ Don't know

Health ABC

HABC Enrollment ID #	Acrostic	Staff ID #
H		
B3ID	B3ACROS	B3STFID

GRIP STRENGTH

Hand-Held Dynamometry

Exclusion Criteria:

❶ Has any pain or arthritis in your hands gotten worse recently? [1] Yes [0] No **B3ARWRS**

→ Which hand? **B3HANDRL**
- [1] Right → Do not test right.
- [2] Left → Do not test left.
- [3] Both right and left → Do not test either hand.

❷ Have you had any surgery on your hands or wrists in the past three months? [1] Yes [0] No **B3WRST1**

→ Which hand? **B3WRTRL**
- [1] Right → Do not test right.
- [2] Left → Do not test left.
- [3] Both right and left → Do not test either hand.

Script: "I'd like you to take your right/left arm, rest it on the table, and bend your elbow. Grip the two bars in your hand, like this. You need to slowly squeeze the bars as hard as you can."

Hand the dynamometer to the participant. Adjust if needed.

Script: "Now try it once just to get the feel of it. For this practice, just squeeze gently. It won't feel like the bars are moving, but your strength will be recorded. Are the bars the right distance apart for a comfortable grip?"

Show dial to participant.

Script: "We'll do this two times. This time it counts, so when I say squeeze, squeeze as hard as you can. Ready. Squeeze! Squeeze! Squeeze! Now, STOP."

Right

[-1] Unable to test/exclusion **B3NOTST**

B3RTR1 Trial 1 [ ] kg [-1] Refused **B3RF1**

(Examiner Note: Wait 15-20 seconds before second trial.)

"Now, one more time. Squeeze as hard as you can. Ready. Squeeze! Squeeze! Squeeze! Now, STOP."

B3RTR2 Trial 2 [ ] kg [-1] Refused **B3RF2**

Repeat the procedure on the left side.

Script: "Now we'll test your left side. When I say squeeze, squeeze as hard as you can. Ready. Squeeze! Squeeze! Squeeze! Now, STOP."

Left

[-1] Unable to test/exclusion **B3LNTST**

B3LTR1 Trial 1 [ ] kg [-1] Refused **B3LRF1**

(Examiner Note: Wait 15-20 seconds before second trial.)

"Now, one more time. Squeeze as hard as you can. Ready. Squeeze! Squeeze! Squeeze!"

B3LTR2 Trial 2 [ ] kg [-1] Refused **B3LRF2**

20-METER WALK

1 *Describe the 20-meter walk and demonstrate how to walk past the cone.*

Script: "This is a two part walking test. The first part tests your usual walking speed. When you go past the orange cone, I want you to stop.

"Now, wait until I say 'Go'. For the first part of this test, I want you to walk at your usual walking pace. Any questions?"

2 *To start the test, say,*

Script: "Ready, Go."

3 *Begin timing and counting participant's steps until their first footfall over the finishing line at 20 meters. You will need to walk a few steps behind the participant. Start timing with the first footfall over the starting line (participant's foot touches the floor on the first step).*

When the participant reaches the 20-meter mark, push the right/hand STA/STP button on the stop watch, and record the number of steps taken on the form. (You will need to carry the form on a clipboard.)

Usual pace 20 meters: [ ][ ] steps **B320STP1**

Record the time it took to do the first 20-meter walk:

Time on stop watch: [ ][ ]:[ ][ ].[ ][ ] **B320TIM1**

Min Second Hundredths/Sec

Reset the stop watch and have the participant repeat the 20-meter walk by walking back to the 40 meter tape line. The participant is instructed to walk as quickly as they can for the second portion of the test.

Script: "OK, fine. Now turn around and when I say go, walk back the other way as fast as you can. Ready, Go."

When the participant reaches the 40-meter mark, push the right/hand STA/STP button on the stop watch, and record the number of steps taken on the form.

Fast pace 20 meters: [ ][ ] steps **B320STP2**

Record the time it took to do the second 20-meter walk:

Time on stop watch: [ ][ ]:[ ][ ].[ ][ ] **B320TIM2**

Min Second Hundredths/Sec

4 Was the participant using a walking aid, such as a cane?

[1] Yes [0] No **B3WLKAID**

Health ABC

HABC Enrollment ID # H | Acrostic B3ACROS3 | Staff ID # B3STFID3

LONG-DISTANCE CORRIDOR WALK ELIGIBILITY ASSESSMENT

1 Before Testing:
Are there abnormal Marquette ECG hardcopy references from baseline that would preclude testing?
(Examiner Note: Refer to Data from Baseline Visit Form.)

[1] Yes [0] No **B3MARQ**

If Yes:

[3] Wolff-Parkinson-White (WPW) or ventricular pre-excitation
[4] Idioventricular rhythm
[5] Ventricular tachycardia
[6] Third degree or complete A-V block
[7] Any statement including reference to acute injury or ischemia, or marked T-wave abnormality

B3HRT

→ Do not test.

2 **a.** Radial pulse (from page 7):

[ ][ ][ ] bpm **B3PULSE1**

Is radial pulse > 110 or <40 bpm?

[1] Yes [0] No **B3PULSE2**

If Yes: Do not test.

b. Initial standing blood pressure (from page 8):

B3SYSB2
Systolic blood pressure [ ][ ][ ] mmHg

Is systolic > 199 mmHg? [1] Yes [0] No
B3SYSYN

If Yes: Do not test.

B3DIAB2
Diastolic blood pressure [ ][ ][ ] mmHg

Is diastolic > 109 mmHg? [1] Yes [0] No
B3SYDIYN

If Yes: Do not test.

3 Does the participant use a walking aid, such as a cane?

[1] Yes [0] No **B3WKAID2**

If Yes: Do not test.

4 **Inform Participant About Tests:**
Script: "The next tests assess your physical fitness by having you walk rapidly for 2 minutes and after that, having you walk about 1/4 mile at a steady pace.

Exclusion Questions:

Script: "First I need to ask you a few questions to see if you should try the test."

1. Within the past 3 months, have you had a heart attack? [1] Yes → Do not test. [0] No **B3HA**
2. Within the past 3 months, have you had angioplasty? [1] Yes → Do not test. [0] No **B3ANG**
3. Within the past 3 months, have you had heart surgery? [1] Yes → Do not test. [0] No **B3HS**
4. Within the past 3 months, have you seen a health professional or thought about seeing a health professional for new or worsening symptoms of...?
   a. Chest pain [1] Yes → Do not test. [0] No **B3CP**
   b. Shortness of breath [1] Yes → Do not test. [0] No **B3SB**
   c. Fainting [1] Yes → Do not test. [0] No **B3FA**
   d. Angina [1] Yes → Do not test. [0] No **B3ANGI**

Draft

Attachment of Heart Rate Monitor:

Script: "This device measures your pulse, or how often your heart beats."

Attach the monitor.

Explain Borg Perceived Exertion Scale:

Script: "During this exercise test, we want you to pay attention to how you are feeling."

Show the participant the Borg exertion scale which will be posted on the wall where they can see it as they walk the course.

Script: "After you walk, I want you to tell me the number that best matches how you were feeling. For example, the number '0' would be like doing nothing at all, '5' means putting forth a strong effort, and the number '10' would be working as hard as you can. Do you understand?"

Demonstrate and Introduce Both Walks:

Demonstrate how to walk around the cone and describe the 2 minute walk.

Script: "This is a two-part walking test. ***For the first part I would like you to walk for 2 minutes, trying to cover as much ground as possible at a pace you can maintain.*** Starting at this cone, walk to the cone at the other end of the hall, go around it and return, go around this cone and keep walking in the same fashion, until 2 minutes are up."

"When the 2 minutes are up I will tell you to stop. Please stay where you are so that I can record the distance you covered."

***Stopping Criteria for 2-Minute Walk*: If the participant's heart rate exceeds 135 bpm twice or falls below 40 bpm or if they report chest pain, tightness or pressure in the chest, shortness of breath, feeling faint, lightheaded or dizzy, or report leg pain, stop the test.**

Record which test was stopped and record the reason on the "Stop Values" section of the Long-Distance Corridor Walk Data Collection Form (page 23 of the Year 2 Clinic Visit Workbook).

Give the participant "stop" symptoms and final instructions:

Script: "Please tell me if you feel any chest pain, tightness or pressure in your chest, if you become short of breath or if you feel faint, lightheaded or dizzy, or if you feel leg pain. If you feel any of these symptoms, you may slow down or stop. Do you have any questions?"

2-Minute Walk:

Accompany participant to stand behind the starting line for the 2 minute walk.

Ready stop watch.

Script: "Now let's start the 2 minute walk. Cover as much ground as possible at a pace you can maintain. Ready, GO."

Start timing with the first footfall over the starting line (participant's foot touches the floor on the first step).

Provide standard encouragement after each lap, and tell participant the time that is remaining.

Suggested Scripts: "Keep up the good work." "You are doing well." "One and a half minutes to go."

Throughout the test, draw a line through the number on the form that corresponds to each completed lap the participant walks.

If the participant's heart rate exceeds 135 bpm during the 2-Minute Walk, let the participant rest for 5 minutes. Then restart the test. Cross off the numbers on the 'Trial 2' lap chart if the participant restarts the test. If the participant's pulse exceeds 135 a second time, note on the Long Distance Corridor Walk Data Collection Form and STOP the 2-minute walk. Do not go on to the 400 meter walk.

When the stopwatch reads 1:30, tell the participant, "30 seconds remaining."
At 1:50, tell the participant "10 seconds remaining." Approach the participant so that you meet them at the 2:00 stop time. When the stop watch reads 2:00, say, "STOP."

Record heart rate, number of laps and meter mark on form (each meter is marked with tape on the floor.)
Assess perceived exertion.

Script: "What would you say your overall feeling of exertion is right now?"

Mark on form.

400 Meter Walk

Accompany the participant to the starting line for the 400 meter walk.

Describe the 400 meter walk.

Script: "For the second part, you will be walking 10 complete laps around the course, about 1/4 mile. ***We would like you to walk as quickly as you can, without running, at a pace you can maintain over the 10 laps.*** After you complete the 10 laps I will tell you to stop, and measure your blood pressure and heart rate."

Script: "Start walking when I say 'GO' and try to complete 10 laps as quickly as you can, without running, at a pace you can maintain. Ready, Go."

Start the stop watch.

Every lap offer standard encouragement, and call out the number of laps completed and the number remaining. Record each lap on form.

Suggested Script: "Keep up the good work." "You are doing well." "Looking good." "Well done." "Good job."
When the participant completes 400 meters (10 laps, first footfall across the finish line), stop the stop watch.

Record time, heart rate, and RPE. Restart the stopwatch to time the 2 minute recovery time.

Assess blood pressure. Record on form.

At 2 minutes, record heart rate again. Record on form.

Remove the heart rate monitor. Escort the participant to the next station.

***Stopping Criteria for 400 Meter Walk*: If the participant's heart rate exceeds 135 bpm or falls below 40 bpm or if they report chest pain, tightness or pressure in the chest, shortness of breath, feeling faint, lightheaded or dizzy, or report leg pain, stop the test.**

Record which test was stopped and the reason on the "Stop Values" section of the Long-Distance Corridor Walk Data Collection Form (page 23 of the Year 2 Clinic Visit Workbook).

Health ABC

HABC Enrollment ID # H B3ID4 | Acrostic B3ACROS4 | Staff ID # | B3STFID4

LONG-DISTANCE CORRIDOR WALK DATA COLLECTION FORM

2-Minute Walk

❶

a. Cross off as each lap is completed:

1	2	3	4	5	6	7	8

Trial 1

b. Is heart rate > 135 bpm? [1] Yes [0] No

B3B2PL

Examiner Note: Wait 5 minutes and begin the walk again. Cross off the laps on the 'Trial 2' lap chart below.

c. Cross off as each lap is completed:

1	2	3	4	5	6	7	8

Trial 2

d. Is heart rate >135 bpm? [1] Yes [0] No

B3PLS2

Do not do 400m walk.

e. Number of laps completed: ☐☐ laps B32LAP

f. Meter mark: ☐☐ meters B32MTR

g. Heart rate at end of 2-minute walk: ☐☐☐ bpm B32BPM

h. Is heart rate >135 bpm? [1] Yes [0] No

B32PLS

Do not do 400m walk.

i. Perceived exertion at end of 2-minute walk:

Borg Exertion #: ☐☐ B32BORG

400m Walk

❶ **a.** Cross off as each lap is completed:

0	1	2	3	4	5	6	7	8	9	10

b. Number of laps completed: B34LAP ☐☐ laps

c. (If walk is stopped before 400m): B34MTR ☐☐☐ meters

❷ Record time at 400 m or at stop: ☐☐:☐☐.☐☐

Min Seconds Hundredths/sec

B34TIME

Restart stopwatch

❸ Heart rate at 400m or at stop: B34BPM ☐☐☐ bpm

❹ Perceived exertion at 400m or at stop:

B34BORG

Borg Exertion #: ☐☐

❺ Blood pressure at 400m or at stop:

a. Systolic blood pressure: B34SYS ☐☐☐ mm Hg

b. Diastolic blood pressure: B34DIA ☐☐☐ mm Hg

❻ Heart rate 2 minutes after completion of 400 m walk: B34HR ☐☐☐ bpm

Stop Values:

i. If stop values are exceeded or symptoms are reported, check appropriate box and STOP TEST. Check only one. B3STOPV

- [1] Heart rate > 135 bpm
- [2] Heart rate < 40 bpm
- [3] Reports chest pain
- [4] Reports shortness of breath
- [5] Reports feeling faint
- [6] Reports leg pain
- [7] Other ***(Please specify:)*** _____

ii. Which test was stopped?

[1] 2-minute walk [2] 400-meter walk

B3STPTST

Draft

ULTRASOUND

1 Have you broken any bone in your right leg, ankle, or foot in the past year? **B3BKFOOT**
(Examiner Note: Do not include isolated toe fractures.)

1 Yes → Have you broken any bone in your left leg, ankle, or foot in the past year? ***(Examiner Note: Do not include isolated toe fractures)*** **B3BKLEFT**

1 Yes → Which side was most recently broken? **B3BKSIDE**

- 1 Right → Scan left foot.
- 2 Left → Scan right foot.
- 8 Don't know → Go to question #2.

0 No

8 Don't know

7 Refused

2 Have you ever broken your right heel bone? **B3BKRHL**

1 Yes → Scan left foot.

0 No

8 Don't know

7 Refused

3 Do you have any permanent weakness in your legs, ankles or feet from an old injury or stroke?
(Examiner Note: Do not include isolated toe fractures.) **B3WKLEGS**

1 Yes → Which side is weaker? **B3SIDEWK**

- 1 Right → Scan left foot; unless contraindicated in question #1 and #2 above.
- 2 Left → Scan right foot; unless contraindicated in question #1 and #2 above.
- 3 Right and left are equally weak → Scan right foot.

0 No

8 Don't know

7 Refused

4 Which foot was scanned? **B3BUSCAN**

[1] Right [2] Left [3] Scan not attempted [4] Scan not completed

Why was the left foot scanned?

[1] Fracture
[2] Permanent weakness on right side
[3] Hardware
[4] Other
(Please specify: **B3BULEFT** *)*

Why wasn't the scan attempted?

[1] Participant refused
[2] Equipment problem
[3] Foot too big/edema/deformity
[4] Other
(Please specify: **B3BUCOMP** *)*

Why wasn't the scan completed?

[1] Out of range reading
[2] Invalid measurement
[3] Other
(Please specify: **B3BUNOSC** *)*

5 Measurement #1:

QUI [ ][ ][ ].[ ] units **B3BUQUI1**

BUA **B3BUA1** [ ].[ ] units → Did BUA result have an asterisk? [1] Yes [0] No **B3BUAST1**

SOS [ ][ ][ ][ ].[ ] m/s **B3BUSOS1**

Measurement #2:

QUI [ ][ ][ ].[ ] units **B3BUQUI2**

BUA **B3BUBUA2** units → Did BUA result have an asterisk? [1] Yes [0] No **B3BUAST2**

SOS [ ][ ][ ][ ].[ ] m/s **B3BUSOS2**

6 What is the difference between BUA measurement #1 and BUA measurement #2?

[ ][ ][ ].[ ] units **B3BUDIF1**

a. Was the difference between BUA measurement #1 and BUA measurement #2 > 10 units?

[1] Yes [0] No **B3BUDIF2**

→ Repeat scan and record results in section #7 below.

b. Did both BUA measurement #1 and BUA measurement #2 have an asterisk?

[1] Yes [0] No **B3BU2AST**

→ Repeat scan and record results in section #7 below.

7

QUI [ ][ ][ ].[ ] units **B3BUQUI3**

BUA **B3BUBUA3** units → Did BUA result have an asterisk? [1] Yes [0] No **B3BUAST3**

SOS [ ][ ][ ][ ].[ ] m/s **B3BUSOS3**

BONE DENSITY (DXA) SCAN

1 Visit type:

[1] Year 2 clinic visit

[2] Non-routine clinic visit

B3VT

2 Do you have breast implants?

[1] Yes [0] No **B3BI**

- Flag scan for review by DXA Reading Center.
- Indicate in the table below whether breast implant is in "Left ribs" or "Right ribs"

3 Do you have any metal objects in your body, such as a pacemaker, staples, screws, plates, etc.?

[1] Yes [0] No **B3MO**

a. Flag scan for review by DXA Reading Center.

b. Indicate in the table the location of joint replacement, hardware or other artifacts (sub regions are those defined by the whole body scan analysis.)

Sub	Hardware	Other Artifacts	
Head	[1]	[2]	**B3HEAD**
Left arm	[1]	[2]	**B3LA**
Right arm	[1]	[2]	**B3RA**
Left ribs	[1]	[2]	**B3LR**
Right ribs	[1]	[2]	**B3RR**
Thoracic spine	[1]	[2]	**B3TS**
Lumbar spine	[1]	[2]	**B3LS**
Pelvis	[1]	[2]	**B3PEL**
Left leg	[1]	[2]	**B3LL**
Right leg	[1]	[2]	**B3RL**

4 Have you had any of the following tests within the past ten days?

	Yes	No	
a. Barium enema	1 *	0	**B3BE**
b. Upper GI X-ray series	1 *	0	**B3UGI**
c. Lower GI X-ray series	1 *	0	**B3LGI**
d. Nuclear medicine scan	1 *	0	**B3NUKE**
e. Other tests using contrast ("dye") or radioactive materials	1 *	0	**B3OTH2**

(*Examiner Note: If yes to any, reschedule bone density measurement so that at least 10 days will have passed since the tests were performed.)

5 Was the participant scanned on the QDR 1500 during the baseline clinic visit?
(Examiner Note: Refer to the Data from Baseline Visit Form.)

1 Yes → Obtain whole body scan on the QDR 4500 and QDR 1500.

0 No **B3QDR** → Obtain whole body scan on the QDR 4500 only.

6 During the Year 2 clinic visit, was a bone density measurement obtained for...?

QDR4500

a. Whole Body 1 Yes 0 No → **B3WB**

Last 2 characters of scan ID# **B3SCAN1** ☐☐

Date of Scan ☐☐/☐☐/☐☐ **B3SCDTE1** Month Day Year

QDR 1500

b. Whole Body 1 Yes 0 No → **B3WB2**

Last 2 characters of scan ID# **B3SCAN2** ☐☐

Date of Scan ☐☐/☐☐/☐☐ **B3SCDTE2** Month Day Year

Health ABC

HABC Enrollment ID # H B3ID7 | Acrostic B3ACROS7 | Staff ID # B3STFID7

PERIODONTAL EXAM ELIGIBILITY ASSESSMENT

1 Do you have any of your natural teeth? **B3NTEETH**

[1] Yes [0] No [8] Don't know [7] Refused

a. How many years ago did you lose your last tooth?
If you are unsure, please make your best guess.

B3LSTTH [ ][ ] years [-1] Less than 1 year ago **B3LTOOTH**

b. Do you have any dental implants?

[1] Yes [0] No [8] Don't know [7] Refused **B3IMPLNT**

Not eligible for assessment. Go to Question #11.

2 Has a dentist or a doctor ever told you that you need to take antibiotics before every dental visit?
B3ANTIBI

[1] Yes [0] No [8] Don't know [7] Refused

Please explain why:

_____

_____

_____

Go to Question #3.

Not eligible for assessment. Go to Question #11.

3 Has a doctor ever told you that you have any of the following...? **B3MURMUR**

a. A heart murmur? [1] Yes [0] No [8] Don't know [7] Refused

Not eligible for assessment. Go to Question #11.

b. Congenital heart disease? (a heart problem you were born with) [1] Yes [0] No [8] Don't know [7] Refused
B3CHSRD

Not eligible for assessment. Go to Question #11.

c. Rheumatic heart disease? [1] Yes [0] No [8] Don't know [7] Refused
B3RHD

Not eligible for assessment. Go to Question #11.

d. An infection of the lining of the heart called endocarditis?

[1] Yes [0] No [8] Don't know [7] Refused **B3ENDO**

Not eligible for assessment. Go to Question #11.

e. Mitral valve prolapse?

[1] Yes [0] No [8] Don't know [7] Refused **B3MVP**

Not eligible for assessment. Go to Question #11.

4 Are you taking prednisone or any immunosuppressive medication?

[1] Yes [0] No [8] Don't know [7] Refused **B3PRED**

Not eligible for assessment. Go to Question #11.

5 Do you have a cardiac pacemaker?

[1] Yes [0] No [8] Don't know [7] Refused **B3PACEM**

Not eligible for assessment. Go to Question #11.

6 Do you have a surgically implanted heart valve, shunt, or artificial joint?

[1] Yes [0] No [8] Don't know [7] Refused **B3VALVE**

Not eligible for assessment. Go to Question #11.

7 Have you had major surgery, radiation, or chemotherapy for cancer within the last 2 months?

[1] Yes [0] No [8] Don't know [7] Refused **B3CANCER**

Not eligible for assessment. Go to Question #11.

8 Are you on kidney dialysis?

[1] Yes [0] No [8] Don't know [7] Refused **B3KIDNEY**

Not eligible for assessment. Go to Question #11.

9 Have you had a heart, kidney, or other organ transplant?

[1] Yes [0] No [8] Don't know [7] Refused **B3TRNPLT**

Not eligible for assessment. Go to Question #11.

10 Did you ever take FenPhen to lose weight?

(Examiner Note: If participant says they used another diet pill but they do not remember the name of the pill, check "X" yes.)

[1] Yes [0] No [8] Don't know [7] Refused **B3FENPHN**

Not eligible for assessment. Go to Question #11.

11 Is the participant eligible for the periodontal assessment? **B3ELIG**

[1] Yes, eligible for the periodontal exam

Eligible for the periodontal exam.

(Examiner Note: Read the following statement.)

This next measurement includes a simple examination of your mouth to see if there are any cavities, gum disease, or spaces between your teeth and gums. We will also collect a little plaque and pick up some fluid from around your teeth. Most people find these procedures quite comfortable.

Do you have any questions?

If you would like us to send your dentist a copy of your dental exam report, please provide us with their name and address.

Dentist's Name: _____

Address: _____

_____

_____

[0] No, not eligible for the periodontal exam

Not eligible for the complete periodontal exam.

(Examiner Note: Read the statement below.)

Thank you for your responses. This next measurement includes a simple examination of your mouth.

Bar Code Label

B3BRCD

Draft

DENTAL EXAMINATION

❶ SOFT TISSUES EXAM *(Examiner Note: Check all positive findings and comment.)*

-1 Lips **B3LIPS**

-1 Labial mucosa **B3LABMUC**

-1 Buccal mucosa **B3BUCMUC**

-1 Cheeks **B3CHEEKS**

-1 Palate **B3PALATE**

-1 Uvula **B3UVULA**

-1 Dorsal tongue **B3DORTON**

-1 Vent tongue **B3VENTON**

-1 Floor of mouth **B3FLOORM**

Comment: _____

❷ DENTURES

-1 Full Upper **B3FUPPER**

-1 Full Lower **B3FLOWER**

-1 Partial Upper **B3PUPPER**

-1 Partial Lower **B3PLOWER**

❸

Is participant eligible for the periodontal exam?
(Examiner Note: Refer to Periodontal Exam Eligibility Assessment Form, in the Year 2 Clinic Visit Workbook, pgs. 28-30.)

1 Yes 0 No **B3ELIGPR**

STOP. Do not perform periodontal exam; do assess missing teeth and plaque score.

Health ABC

HABC Enrollment ID #	Acrostic	Staff ID #
H B3ID9	B3ACROS9	B3STFID9

ISOKINETIC STRENGTH (KIN-COM)

Exclusion Criteria

1. Does the participant's blood pressure exceed 199 mmHg (systolic) or 109 mmHg (diastolic) ?
(Examiner Note: Refer to Blood Pressure and Temperature Form, page 8.)

[1] Yes → Do not test.

[0] No **B3BP2**

2. Has a doctor ever told you that you had an aneurysm in the brain or have had a stroke?

[1] Yes → Do not test.

[0] No **B3BRN**

Determine Which Knee Can Be Tested

3. In the past 12 months, have you had knee surgery on either leg where all or part of the joint was replaced?

[1] Yes

[0] No **B3KNRP**

Which leg? **B3KRLB1**

- [1] Right → Do not test right leg.
- [2] Left → Do not test left leg.
- [3] Both → Do not test either leg.

4. Which leg was tested at the baseline clinic visit?
(Examiner Note: Refer to the Health ABC Data from Baseline Visit Form to see which leg was tested at baseline.)

- [1] Right → Test <u>right</u> leg unless contraindicated.
- [2] Left → Test <u>left</u> leg unless contraindicated.
- [3] Test not performed at baseline **B3KBASE**

Which hip was scanned at baseline? **B3KBMD**
(Examiner Note: See Health ABC Data from Baseline Visit Form.)

- [1] Right → Test <u>right</u> leg unless contraindicated.
- [2] Left → Test <u>left</u> leg unless contraindicated.
- [3] Neither → Test <u>right</u> leg unless contraindicated.

5. Have you ever had an injury that has made one leg weaker than the other?
(Examiner Note: Do not change leg tested based on this question.)

[1] Yes [0] No [8] Don't know [7] Refused **B3INYN**

Which leg is stronger? **B3WKR**

[1] Right [2] Left

6. Is it difficult for you to either bend or straighten either of your knees fully due to pain, arthritis, injury or some other condition? ***(Examiner Note: Do not change leg tested based on this question. First try the Manual Test to determine if KinCom Test can be performed.)***

[1] Yes

[0] No **B3KNEE**

Which knee? **B3KRLB2**

[1] Right [2] Left [3] Both

ISOKINETIC STRENGTH (KIN-COM)

Manual Test

❶ Which leg was tested? **B3RL2**

[1] Right [2] Left [3] Manual test not performed

Please explain why:

_____

_____

Examiner Note: Put hands above the participant's ankle and ask the participant to press against your hands. Keep your elbows extended and use the weight of your upper body to resist the push.

After having tried the movement, the participant should be asked:

❷ Did you have pain in your knee that stopped you from pushing hard?

[1] Yes → Check previous page to see if other side can be measured.

[0] No **B3KNPN** → Go to Kin-Com Test.

a. Can other side be measured?

[1] Yes → Do Manual Test on other side.

[0] No **B3CANMS** → Do not test.

After having tried the movement, the participant should be asked:

b. Did you have pain in your knee that stopped you from pushing hard?

[1] Yes → Do not test.

[0] No **B3KNPN2** → Test this leg.

ISOKINETIC STRENGTH (KIN-COM)

Manual Positioning Settings

(Examiner Note: Refer to the Health ABC Data from Baseline Visit Form for dynamometer settings used at baseline visit. Position dynamometer exactly as before, unless a change in leg tested requires a change in settings. Enter Visit 2 settings below.)

a. Dynamometer tilt ___ ° **B3DTLT**

b. Dynamometer rotation ___ ° **B3DROT**

c. Lever arm green C stop ___ **B3LEVGR**

d. Lever arm red D stop ___ **B3LEVRD**

e. Seat rotation ___ ° **B3STROT**

f. Seat back angle ___ ° **B3STBK**

g. Seat bottom depth ___ cm **B3STBOT**

h. Seat bottom angle ___ ° **B3STBOTA**

i. Lever arm length ___ cm **B3LENGTH**

Maximum isometric effort to determine starting force **B3MAXFC** ___ ÷ 2 = **B3STFOR** ___ → ***Enter as Start Forward Force***

Kin Com Test

Which leg was tested?

B3RL3

- 1 Right
- 2 Left
- 3 Test not done

If Right or Left:

1. How many trials were attempted?

   ___ trials **B3TRAT**

2. Were three curves accepted?

   1 Yes 0 No **B3CURV**

   a. Why not?

   _____

   _____

   b. How many curves were accepted?

   ___ accepted **B3TRAC**

3. Peak Torque

   ___ Nm **B3PKTORQ**

4. Average Torque

   ___ Nm **B3AVTORQ**

If Test not done:

Why wasn't the test done?

(Examiner Note: Check <u>all</u> that apply.)

- -1 Blood pressure > 199 mmHg (systolic) or > 109 mmHg (diastolic) **B3BP3**
- -1 Brain aneurysm/stroke **B3BAS**
- -1 Knee replacement **B3KR**
- -1 Knee pain **B3KP**
- -1 Participant refused **B3KPRF**
- -1 Other ***(Please specify:)*** **B3OTEX**

_____

Was an extra record accidentally saved?

1 Yes 0 No **B3EXREC**

How many accepted curves were saved in extra record?

___ curves **B3CURVS**

Health ABC

HABC Enrollment ID #	Acrostic	Staff ID #
H B4ID	B4ACROS	B4STFID1

ASSESSMENT OF KNEE PAIN (LEFT KNEE)

Now I am going to ask you some questions regarding any pain or stiffness in your joints. I will also be examining the joints of your hands and asking you to perform some motions with your knees and hips.

These questions are about pain, aching or stiffness in, or around, your knee. This includes the front, back and sides of the knee.

First, I'll ask about your left knee.

1 In the past 12 months, have you had any pain, aching or stiffness in your left knee?

[1] Yes [0] No [8] Don't know [7] Refused **B4AJLK12**

[0] → Go to Question #3.

[1] → In the past 12 months, have you had pain, aching or stiffness in your left knee on most days for at least one month?

[1] Yes [0] No [8] Don't know

[1] → Schedule x-ray and MRI **B4AJLKMD**

---

2 Now, please think about the past 30 days. During the past 30 days, have you had any pain, aching or stiffness in your left knee?

[1] Yes [0] No [8] Don't know [7] Refused **B4AJLK30**

[0] [8] [7] → Go to Question #3.

[1] →

a. In the past 30 days, have you had pain, aching or stiffness in your left knee on most days?

[1] Yes [0] No [8] Don't know **B4AJLKMS**

[1] → Schedule x-ray and MRI

b. In the past 30 days, how much pain have you had in your left knee for each activity I will describe. How much pain have you had while...? ***(Interviewer Note: Read each activity separately. Read response options. OPTIONAL - Show Card G)***

		None	Mild	Moderate*	Severe*	Extreme*	Don't know/ Don't do
B4AJLKFS	a) Walking on a flat surface	0	1	2	3	4	8
B4AJLKST	b) Going up or down stairs	0	1	2	3	4	8
B4AJLKBD	c) At night while in bed	0	1	2	3	4	8
B4AJLKUP	d) Standing upright	0	1	2	3	4	8
B4AJLKCH	e) Getting in or out of a chair ***(Interviewer Note: Relatively hard, supportive chair)***	0	1	2	3	4	8
B4AJLKN	f) Getting in or out of a car	0	1	2	3	4	8

If the answer for any of these activities is moderate, severe, or extreme pain, schedule an x-ray and MRI.

ASSESSMENT OF KNEE PAIN (RIGHT KNEE)

Now your right knee.

3 In the past 12 months, have you had any pain, aching or stiffness in your right knee?

[1] Yes [0] No [8] Don't know [7] Refused **B4AJRK12**

[0] No → Go to Question #5.

[1] Yes → In the past 12 months, have you had pain, aching or stiffness in your right knee on most days for at least one month?

[1] Yes [0] No [8] Don't know

[1] Yes → Schedule x-ray and MRI **B4AJRKMD**

---

4 Now, please think about the past 30 days. During the past 30 days, have you had any pain, aching or stiffness in your right knee?

[1] Yes [0] No [8] Don't know [7] Refused **B4AJRK30**

[0] No / [8] Don't know / [7] Refused → Go to Question #5.

[1] Yes →

a In the past 30 days, have you had pain, aching or stiffness in your right knee on most days?

[1] Yes [0] No [8] Don't know **B4AJRKMS**

[1] Yes → Schedule x-ray and MRI

b. In the past 30 days, how much pain have you had in your right knee for each activity I will describe. How much pain have you had while...? ***(Interviewer Note: Read each activity separately. Read response options. OPTIONAL - Show Card G)***

		None	Mild	Moderate*	Severe*	Extreme*	Don't know/ Don't do
B4AJRKFS	a) Walking on a flat surface	0	1	2	3	4	8
B4AJRKST	b) Going up or down stairs	0	1	2	3	4	8
B4AJRKBD	c) At night while in bed	0	1	2	3	4	8
B4AJRKUP	d) Standing upright	0	1	2	3	4	8
B4AJRKCH	e) Getting in or out of a chair ***(Interviewer Note: Relatively hard, supportive chair)***	0	1	2	3	4	8
B4AJRKIN	f) Getting in or out of a car	0	1	2	3	4	8

If the answer for any of these activities is moderate, severe, or extreme pain, schedule an x-ray and MRI.

ASSESSMENT OF KNEE PAIN

5 In the past 30 days, have you limited your activities because of pain, aching or stiffness in your knees?

[1] Yes [0] No [8] Don't know [7] Refused **B4AJLACT**

On how many days did you limit your activities because of pain, aching or stiffness?

[ ][ ] days **B4AJLDAY**

6 Have you changed, cut back, or avoided any activities in order to avoid knee pain or reduce the amount of knee pain?

[1] Yes [0] No [8] Don't know [7] Refused **B4AJCUT**

7 Have you ever injured your knee badly enough to limit your ability to walk for at least a week?

[1] Yes [0] No [8] Don't know [7] Refused **B4AJINJ**

Which knee?

[1] Right [2] Left [3] Both **B4AJINJK**

Health ABC

HABC Enrollment ID #	Acrostic	Staff ID #
H B4ID2		

B4ACROS2 B4STFID2

KNEE CREPITUS

Examiner Note: If participant has an artificial leg or total knee replacement, do not test for knee crepitus on that side. Crepitus is defined as palpable continuous noise or grinding sensation (series of small clicks, pops, or grinding similar to sandpaper scratching sensation). Place your palm over the participant's patella. Ask the participant to actively move their leg to a full extended position (zero degrees) twice, then rest a moment, then twice more.

❶ Have you had a knee replacement in your right knee?

[1] Yes [0] No [8] Don't know [7] Refused **B4KNREP**

→ Do not examine right knee.
Go to Question #3. Do not schedule for MRI exam.

❷ Is there crepitus in the right knee? **B4AJCRPR**

[0] Absent on all trials
[1] Present on just one trial
[2] Present on two or three trials
[3] Present all four trials
[4] Uncertain →
[5] Unable to examine due to knee pain
[6] Unable to examine for other reason (e.g. artificial leg)

Concensus with 2nd examiner

[0] Absent on all trials **B4RN2EX**
[1] Present on just one trial
[2] Present on two or three trials
[3] Present all four trials
[4] Uncertain
[5] Unable to examine due to knee pain
[6] Unable to examine for other reason

B42EXID1
2nd examiner Staff ID#: [ ][ ][ ]

❸ Have you had a knee replacement in your left knee?

[1] Yes [0] No [8] Don't know [7] Refused **B4KNREPL**

→ Do not examine left knee. Do not schedule for MRI exam.

❹ Is there crepitus in the left knee? **B4AJCRPL**

[0] Absent on all trials
[1] Present on just one trial
[2] Present on two or three trials
[3] Present all four trials
[4] Uncertain →
[5] Unable to examine due to knee pain
[6] Unable to examine for other reason (e.g. artificial leg)

Concensus with 2nd examiner

[0] Absent on all trials **B4LN2EX**
[1] Present on just one trial
[2] Present on two or three trials
[3] Present all four trials
[4] Uncertain
[5] Unable to examine due to knee pain
[6] Unable to examine for other reason

B42EXID2
2nd examiner Staff ID#: [ ][ ][ ]

Examiner Note: If the participant cannot fully extend their leg, assist them by holding the leg at the ankle and pumping through a full range of motion.

JOINT EXAMINATION: HIP (INTERNAL ROTATION)

1. Have you ever had a hip replacement on your left hip?

[1] Yes [0] No [8] Don't know [7] Refused **B4REPLH**

→ Do not examine left hip. Go to Question #4.

Left Leg

Align the stationary arm of the goniometer on a line between the patellae of the knees with the pivot over the left patella.

Hold the left leg at the shin with your right hand and put your left hand on the top of the left knee to stabilize the joint. Before the motion, say:

Script: "I'm going to rotate your leg by pushing [pulling] your lower leg up and outward. As I move your leg, tell me if you feel any pain in your hip or groin."

Move the left leg (and the arm of the goniometer) counter-clockwise to the limit of motion or until the participant complains of pain. Buttocks should remain on the table and the stationary arm of the goniometer parallel to the table top.

The resistance encountered at the limit of normal motion is typically "firm" - a firm or springy sensation that has some give as muscle is stretched. The normal limit of motion, as measured by the goniometer, is about 135°.

2. After reading the limit of motion ask: "Did that hurt in your hip or groin?"

[1] Yes [0] No [8] Don't know [7] Refused **B4HIPPNL**

3. How many degrees was the limit of motion?

[ ][ ][ ] degrees **B4HIPDGL**

---

4. Have you ever had a hip replacement on your right hip?

[1] Yes [0] No [8] Don't know [7] Refused **B4REPRH**

→ Do not examine right hip.

Right Leg

Reverse examiner hand and goniometer positions for the right leg.

Move the right leg (and the descending arm of the goniometer) clockwise to the limit of motion or until the participant complains of pain.

Script: "As I move your leg, tell me if you feel any pain in your hip or groin."

5. After reading the limit of motion ask: "Did that hurt in your hip or groin?"

[1] Yes [0] No [8] Don't know [7] Refused **B4HIPPNR**

6. How many degrees was the limit of motion?

[ ][ ][ ] degrees **B4HIPDGR**

JOINT EXAMINATION: HAND PAIN

1 In the past 12 months, have you had pain on most days for at least one month in any of the joints of your hands?

[1] Yes → Please show me on this diagram which joints of your hand or wrist have been painful in the past 12 months. (***Interviewer Note: OPTIONAL - Show Card H)***

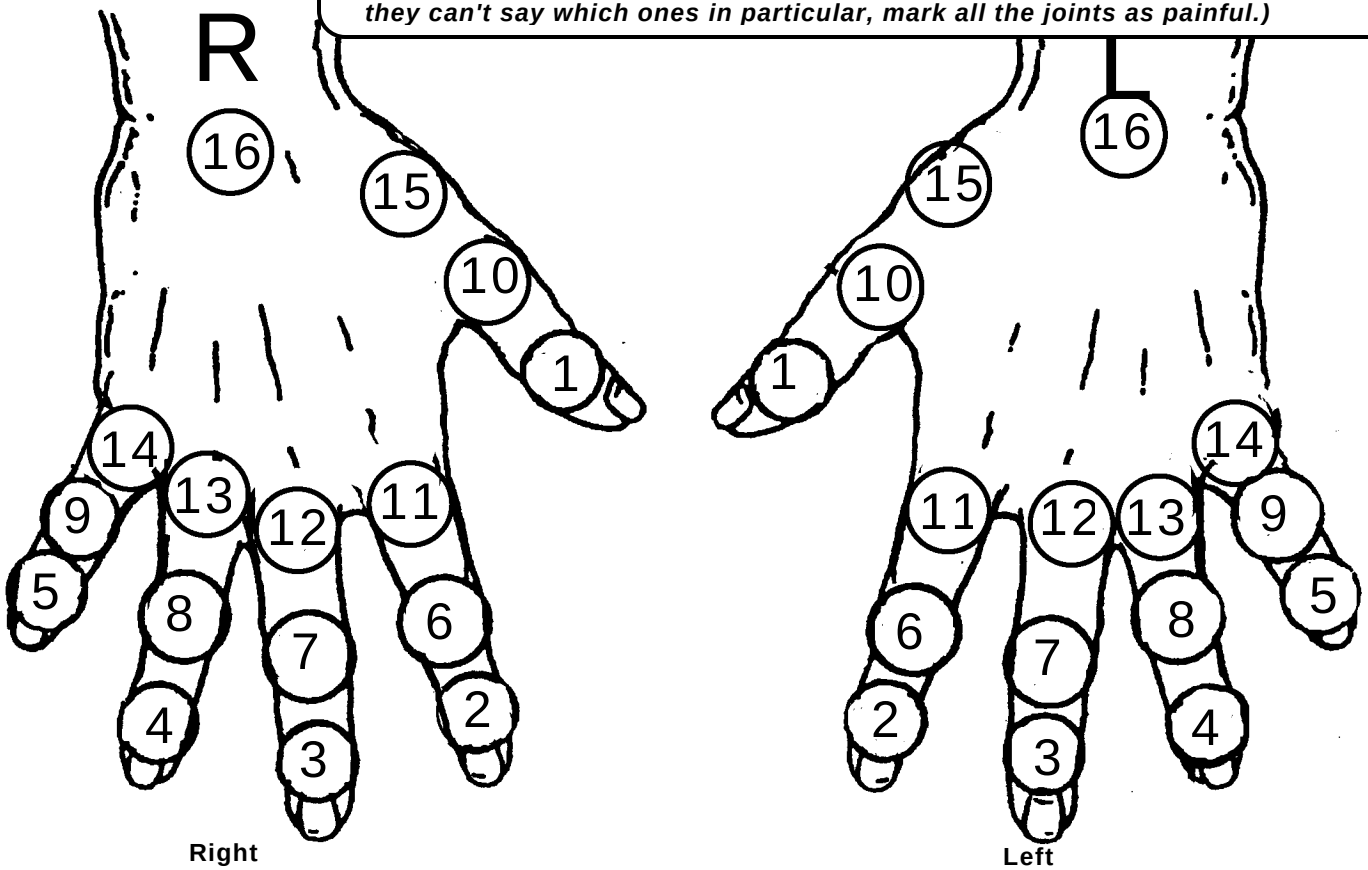
[0] No [8] Don't know [7] Refused **B4AJWR30**

a. In the past 12 months, have you had pain lasting less than one month in any of the joints of your hands?

[1] Yes [0] No [8] Don't know [7] Refused **B4AJWR12**

[0]/[8] → Go to next page.

b. Please show me on this diagram which joints of your hand or wrist have been painful in the past 12 months. ***(Interviewer Note: OPTIONAL - Show Card H. If the participant says their hands hurt all over, ask if they can localize the pain to a particular row of joints (e.g. DIPs, PIPs, MCPs). If the pain is in the joints, but they can't say which ones in particular, mark all the joints as painful.)***



[-1] 16 B4AJRF16 [-1] 15 B4AJRF15 [-1] 10 B4AJRF10 [-1] 1 B4AJRF1

[-1] 14 B4AJRF14 [-1] 13 B4AJRF13 [-1] 12 B4AJRF12 [-1] 11 B4AJRF11

[-1] 9 B4AJRF9 [-1] 8 B4AJRF8 [-1] 7 B4AJRF7 [-1] 6 B4AJRF6

[-1] 5 B4AJRF5 [-1] 4 B4AJRF4 [-1] 3 B4AJRF3 [-1] 2 B4AJRF2

[-1] B4AJRFUN Unable/unwilling to identify which joints are painful

[-1] 1 B4AJLF1 [-1] 10 B4AJLF10 [-1] 15 B4AJLF15 [-1] 16 B4AJLF16

[-1] 11 B4AJLF11 [-1] 12 B4AJLF12 [-1] 13 B4AJLF13 [-1] 14 B4AJLF14

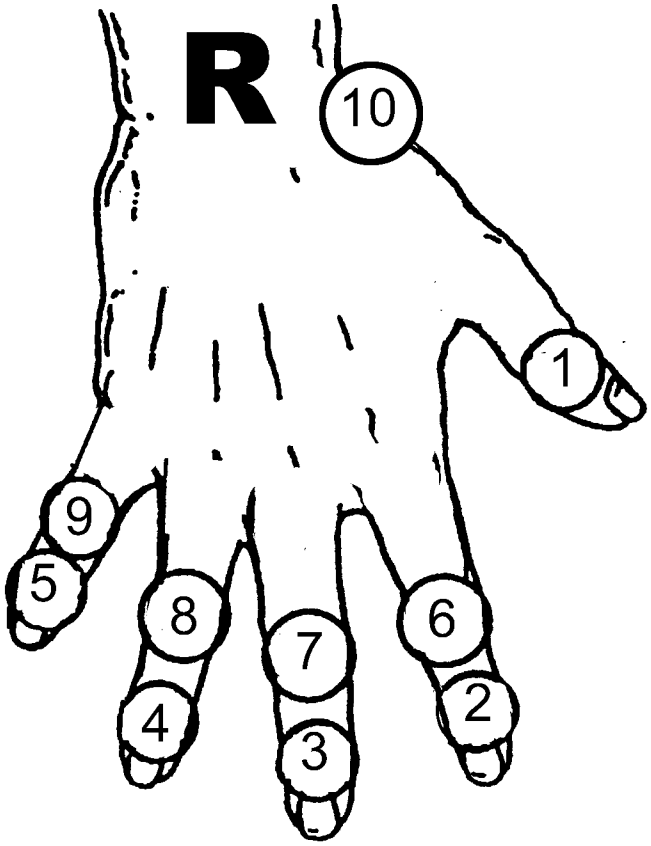
[-1] 6 B4AJLF6 [-1] 7 B4AJLF7 [-1] 8 B4AJLF8 [-1] 9 B4AJLF9

[-1] 2 B4AJLF2 [-1] 3 B4AJLF3 [-1] 4 B4AJLF4 [-1] 5 B4AJLF5

[-1] B4AJLFUN Unable/unwilling to identify which joints are painful

JOINT EXAMINATION: RIGHT HAND

Feel the sides and tops of each joint for bony enlargements. Bony enlargements are often asymmetric (on one side of the joint), hard and non-tender. Distinguish between bony enlargements and synovial swelling by palpation. The bony enlargements will be hard while the synovial swelling will be spongy.



RIGHT HAND

Joint 10 **B4JER10**

- 0 Normal
- 1 Bony enlargement (squaring)
- 2 Uncertain
- 3 Unable to examine

Joint 1 **B4JER01**

- 0 Normal
- 1 Bony enlargement
- 2 Uncertain
- 3 Unable to examine

Joint 9 **B4JER09**

- 0 Normal
- 1 Bony enlargement
- 2 Uncertain
- 3 Unable to examine

Joint 8 **B4JER08**

- 0 Normal
- 1 Bony enlargement
- 2 Uncertain
- 3 Unable to examine

Joint 7 **B4JER07**

- 0 Normal
- 1 Bony enlargement
- 2 Uncertain
- 3 Unable to examine

Joint 6 **B4JER06**

- 0 Normal
- 1 Bony enlargement
- 2 Uncertain
- 3 Unable to examine

Joint 5 **B4JER05**

- 0 Normal
- 1 Bony enlargement
- 2 Uncertain
- 3 Unable to examine

Joint 4 **B4JER04**

- 0 Normal
- 1 Bony enlargement
- 2 Uncertain
- 3 Unable to examine

Joint 3 **B4JER03**

- 0 Normal
- 1 Bony enlargement
- 2 Uncertain
- 3 Unable to examine

Joint 2 **B4JER02**

- 0 Normal
- 1 Bony enlargement
- 2 Uncertain
- 3 Unable to examine

B4JERNE

- -1 Right hand was not examined

JOINT EXAMINATION: LEFT HAND

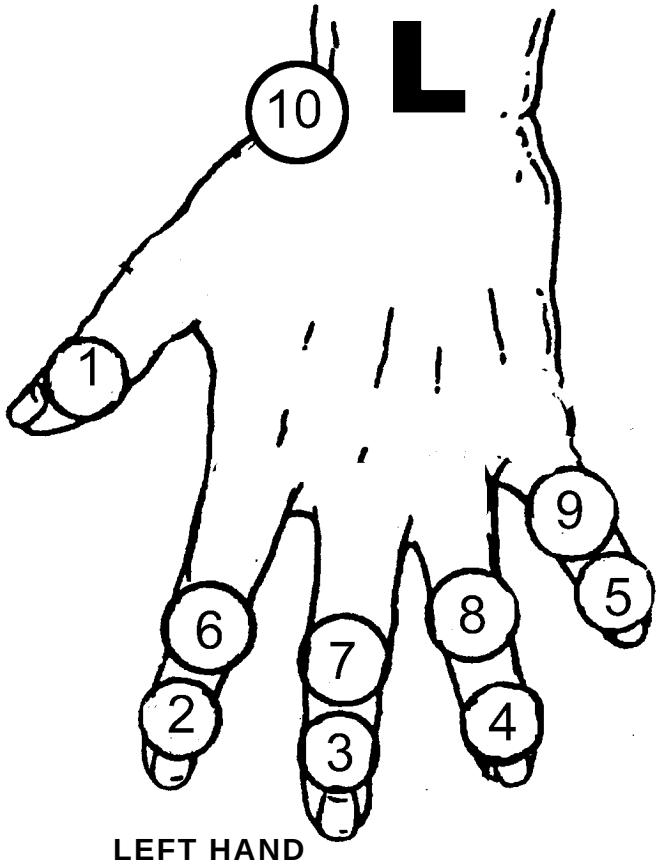
Feel the sides and tops of each joint for bony enlargements. Bony enlargements are often asymmetric (on one side of the joint), hard and non-tender. Distinguish between bony enlargements and synovial swelling by palpation. The bony enlargements will be hard while the synovial swelling will be spongy.

Joint 10 **B4JEL10**

- 0 Normal
- 1 Bony enlargement (squaring)
- 2 Uncertain
- 3 Unable to examine

Joint 1 **B4JEL01**

- 0 Normal
- 1 Bony enlargement
- 2 Uncertain
- 3 Unable to examine



LEFT HAND

Joint 6 **B4JEL06**

- 0 Normal
- 1 Bony enlargement
- 2 Uncertain
- 3 Unable to examine

Joint 7 **B4JEL07**

- 0 Normal
- 1 Bony enlargement
- 2 Uncertain
- 3 Unable to examine

Joint 8 **B4JEL08**

- 0 Normal
- 1 Bony enlargement
- 2 Uncertain
- 3 Unable to examine

Joint 9 **B4JEL09**

- 0 Normal
- 1 Bony enlargement
- 2 Uncertain
- 3 Unable to examine

Joint 2 **B4JEL02**

- 0 Normal
- 1 Bony enlargement
- 2 Uncertain
- 3 Unable to examine

Joint 3 **B4JEL03**

- 0 Normal
- 1 Bony enlargement
- 2 Uncertain
- 3 Unable to examine

Joint 4 **B4JEL04**

- 0 Normal
- 1 Bony enlargement
- 2 Uncertain
- 3 Unable to examine

Joint 5 **B4JEL05**

- 0 Normal
- 1 Bony enlargement
- 2 Uncertain
- 3 Unable to examine

B4JELNE

- -1 Left hand was not examined

Health ABC

HABC Enrollment ID #	Acrostic
H B4ID5	B4ACROS5

KNEE X-RAY TRACKING FORM

Examiner Note: Participants who answered "Yes" to question 1,2,3 or 4 on the Assessment of Knee Pain Forms (pages 35-36 of the Year 2 Clinic Visit Workbook) are eligible for a knee x-ray. Please indicate below which views were obtained.

1 PA semiflexed view of right and left knee **B4KXTVR**

[1] Yes

a. mAs setting ___.___ **B4KXTVRM**

b. Beam angle ___ ° **B4BMANG1**

c. Knee flexion ___ ° **B4KNFLEX**

[0] No

Why not? _____

---

2 Axial (skyline) view of right knee **B4AXRK**

[1] Yes

a. mAs setting ___.___ **B4MAS2**

b. [1] Standing [2] Sitting **(preferred)** **B4AXSSRN**

[0] No

Why not? _____

---

3 Axial (skyline) view of left knee

[1] Yes

a. mAs setting **B4MAS3** ___.___

b. [1] Standing [2] Sitting **(preferred)**

B4AXSSLK

[0] No **B4AXLN**

Why not? _____

B4DATE5	B4STFID5
Date X-ray Completed	X-ray tech ID #
__ __ / __ __ / __ __	___
Month Day Year	

Draft

KNEE MRI ELIGIBILITY AND TRACKING

1 Reason for MRI exam: [1] Knee symptoms [2] Random sample **B4KMMRI**

2 Does participant weigh > 250 lbs (>113.5 kg)?
(Examiner Note: Do not re-weigh participant. Check weight measurement in Year 2 Clinic Visit Workbook, page 7, question #1.)

[1] Yes → Check waist and hip circumference. If maximum circumference is ≥ 160 cm, do not test.
[0] No **B4KMWT**

3 ***(Examiner Note: Ask participant exclusion questions.)*** **B4KMPACE**
Do you have a heart pacemaker?

[1] Yes → Do not test.
[0] No
[8] Don't know → Do not test.
[7] Refused → Do not test.

4 Have you ever had a surgery to repair an aneurysm? **B4KMANUR**

[1] Yes → Do not test.
[0] No
[8] Don't know → Do not test.
[7] Refused → Do not test.

5 Have you ever worked in a machine shop where small metal slivers may have entered your eye? **B4KMMET**

[1] Yes → Do not test.
[0] No
[8] Don't know → Do not test.
[7] Refused → Do not test.

6 Have you ever had an injury in which metal or metal fragments may have entered your eye? **B4KMMF**

[1] Yes → Do not test.
[0] No
[8] Don't know → Do not test.
[7] Refused → Do not test.

7 Have you had any surgery in the past two months? **B4KMSURG**

[1] Yes → Test can be scheduled after 2 months have passed since surgery.
[0] No
[8] Don't know → Test can be scheduled after 2 months have passed since surgery.
[7] Refused → Test can be scheduled after 2 months have passed since surgery.

8 Have you ever had any surgery to insert a valve into your heart? **B4KMVALV**

[1] Yes → Do not test.
[0] No
[8] Don't know → Do not test.
[7] Refused → Do not test.

KNEE MRI ELIGIBILITY AND TRACKING

9 Have you had a hearing device surgically implanted in your ear (not a regular hearing aid)? **B4KMEAR**

[1] Yes → Do not test.
[0] No
[8] Don't know → Do not test.
[7] Refused → Do not test.

10 Have you had a total knee replacement in either knee? **B4KMKNRP**

[1] Yes → Do not test.
[0] No
[8] Don't know
[7] Refused

11 Do you have claustrophobia?

(Examiner Note: Only definite claustrophobia is a firm contraindication. True claustrophobia is relatively uncommon [2-3%]. Participants with claustrophobia will know who they are. Some may say they are uncomfortable in small spaces, but may tolerate MRI without difficulty. It is useful to make an attempt in persons who seem uncertain or who have mild concern.)

B4KMCLAU

[1] Yes → Determine if participant is willing to try the test.
[0] No
[8] Don't know
[7] Refused

12 Was MRI performed for....?

Right knee

a. Axial T2-weighted FSE — **B4KMRA**
[1] Yes [0] No → Reason: _____

b. Sagittal fat suppressed T2-weighted FSE — **B4KMRS**
[1] Yes [0] No → Reason: _____

c. Coronal T2-weighted FSE — **B4KMRC**
[1] Yes [0] No → Reason: _____

Left knee

a. Axial T2-weighted FSE — **B4KMLA**
[1] Yes [0] No → Reason: _____

b. Sagittal fat suppressed T2-weighted FSE — **B4KMLS**
[1] Yes [0] No → Reason: _____

c. Coronal T2-weighted FSE — **B4KMLC**
[1] Yes [0] No → Reason: _____

13 **Facility** **a.** **B4KMFAC**

[1] Memphis Baptist
[2] Memphis Park Ave.
[3] Memphis LeBonheur
[4] Pittsburgh UPMC

b. MRI Tech ID # [ ][ ][ ] **B4KMTECH**

c. Date MRI Completed [ ][ ] / [ ][ ] / [ ][ ] Month / Day / Year **B4KMDATE**

Health ABC

HABC Enrollment ID #	Acrostic	Date Form Completed	Staff ID #
H B5ID	B5ACROS$	B5DATE Month / Day / Year	B5STFID1

ENERGY EXPENDITURE (VISIT 1)

1 Weight: ___ lbs **B5WEIGHT**

(Examiner Note: Do not re-weigh the participant. Refer to page 7 in this Year 2 Clinic Visit Workbook and re-record weight here.)

2 Have you traveled more than 200 miles from your home in the past week?

[1] Yes [0] No [8] Don't know [7] Refused **B5TRAV**

[1] → Not eligible for energy expenditure measurements. **STOP.**

3 Have you received a blood transfusion or any intravenous fluids in the past week?

[1] Yes [0] No [8] Don't know [7] Refused **B5IV**

[1] → Not eligible for energy expenditure measurements. **STOP.**

4 How many hours ago did you eat or drink anything (do not include water)?

B5HRS ___ hours ago [8] Don't know [7] Refused **B5HRSRF**

a. Was it less than 4 hours since the participant had something to eat or drink (do not include water)?

[1] Yes [0] No **B54HRS**

[1] → Ask participant to wait until 4 hours has elapsed since last food/drink was consumed before proceeding.

5 Baseline urine specimen time (U0): **B5TIMEB** ___:___ (1) am (2) pm **B5AMPMB**

6

B5DLW Dose of DLW: ____ grams

B5LOT Lot number: ____

B5BOT Bottle number: ____

a. Was there spillage of DLW? [1] Yes [0] No **B5SPILL**

7 **B5TIME1** Time of 1st post-dose urine (U1): ___:___ (1) am (2) pm **B5AMPM1**

8 **B5TIME2** Time of 2nd post-dose urine (U2): ___:___ (1) am (2) pm **B5AMPM2**

9 **B5TIME3** Time of 3rd post-dose urine (U3): ___:___ (1) am (2) pm **B5AMPM3**

10 Time of post-dose serum (S1) (collect with 3rd post-dose urine): **B5TIMES** ___:___ (1) am (2) pm **B5AMPMS**

Draft

Page Link # ____ **B5LINK**

AnnotatedVersion1.0,9/10/98
Version 1.1, 7/30/98

ENERGY EXPENDITURE
(VISIT 1)

Record the time and the volume of any fluids consumed after dose and wash:

11 Sustical: B5SUS [1] Yes [0] No Time: [ ][ ]:[ ][ ] B5TIMSU (1) am (2) pm B5AMPMSU Volume: [ ][ ][ ] ml B5VOLSU

Other: [1] Yes [0] No B5OTH

Please specify what fluids were consumed:

a. B5TIMEO1 Time: [ ][ ]:[ ][ ] B5AMPMO1 (1) am (2) pm Volume: [ ][ ][ ] ml B5VOLOT1

b. B5TIMEO2 Time: [ ][ ]:[ ][ ] B5AMPMO2 (1) am (2) pm Volume: [ ][ ][ ] ml B5VOLOT2

c. B5TIMEO3 Time: [ ][ ]:[ ][ ] B5AMPMO3 (1) am (2) pm Volume: [ ][ ][ ] ml B5VOLOT3

Health ABC

HABC Enrollment ID #	Acrostic	Date Form Completed	Staff ID #
H B5ID2	B5ACROS2	B5DATE2 Month / Day / Year	B5STFID2

PHLEBOTOMY

Bar Code Label

B5BRCD1

1 Do you bleed or bruise easily? **B5BLBR**

[1] Yes [0] No [8] Don't know

2 Have you ever experienced fainting spells while having blood drawn? **B5FNT**

[1] Yes [0] No [8] Don't know

3 Time at start of venipuncture?

B5VTM [:] Hours Minutes ① am ② pm **B5AMPM4**

a. Was any blood drawn?

[1] Yes [0] No **B5BLDR**

Please describe why not?

_____

_____

4 Time blood draw completed:

B5BLDRTM [:] Hours Minutes ① am ② pm **B5AMPM5**

5 Total tourniquet time:

(If tourniquet was reapplied, enter total time tourniquet was on. Note that 2 minutes is optimum.)

[ ] minutes **B5TOUR**

Comments on phlebotomy:

_____

_____

_____

6 Quality of venipuncture: **B5QVEN**

[1] Clean [2] Traumatic

[1] Vein collapse
[2] Hematoma
[3] Vein hard to get
[4] Multiple sticks
[5] Excessive duration of draw
[6] Leakage at venipuncture site
[7] Other *(Please specify:)*

B5TRM _____

7 Were tubes filled to specified capacity? If not, comment why.

Blood Volume/Tube		Filled to Capacity? Yes	No	Comment
1. EDTA	10 ml	[1]	[0] →	B5BV1
2. CPT	8 ml	[1]	[0] →	B5BV2
3. CPT	8 ml	[1]	[0] →	B5BV3
4. EDTA	10 ml	[1]	[0] →	B5BV4
5. Serum	10 ml	[1]	[0] →	B5BV5
6. Serum	10 ml	[1]	[0] →	B5BV6
Urine:				
1. Urine	(50-60 ml)	[1]	[0] →	B5UV1

8 What is the date and time you last ate or drank anything except water?

a. Date of last meal: **B5LMD**

[/ /] Month Day Year

b. Time of last meal: **B5MHM**

[:] Hours Minutes ① am ② pm **B5LMAPM**

c. How many hours has participant fasted?

B5FAST [ ] hours **(Question 4 minus Question 8b. Round to nearest hour)**

LCBR Use only: Received Date: _____ **Time:** _____

Frozen? ☐ Yes ☐ No

Draft

Page Link # [ ]

AnnotatedVersion1.0,9/10/98
Version 1.1, 7/30/98

Health ABC

HABC Enrollment ID #	Acrostic	Date Form Completed	Staff ID #
H		/ / (Month Day Year)	
B5ID3	B5ACROS3	B5DATE3	B5STFID3

LABORATORY PROCESSING

Bar Code Label: B5BRCD2

B5TIME6

Time at start of processing: : ① am ② pm B5AMPM6

Collection Tubes	Cryo #	Vol.	Type	To	Check "X"	Problems
#1, 4 Vitamin C	01	0.5	Y/2.0	M	-1 B501X	1 H 2 P B501HP
#1, 4 EDTA	02	0.5	W/0.5	L	B502X	H P B502HP
	03	0.5	W/0.5	M	B503X	H P B503HP
	04	0.5	W/0.5	M	B504X	H P B504HP
	05	0.5	W/0.5	M	B505X	H P B505HP
	06	0.5	W/0.5	M	B506X	H P B506HP
	07	1.0	W/1.5	M	B507X	H P B507HP
	08	1.0	W/1.5	M	B508X	H P B508HP
	09	1.0	W/1.5	M	B509X	H P B509HP
	10	1.0	W/1.5	M	B510X	H P B510HP
	11	0.5	W/0.5	M	B511X	H P B511HP
	12	0.5	W/0.5	M	B512X	H P B512HP
B5DNA #2, 3 Buffy	13	var	C/2.0	M*	B513X	H P B513HP
-1 Refused DNA collection	14	var	C/2.0	M*	B514X	H P B514HP
#2, 3 Platelets	15	var	O/2.0	M	B515X	H P B515HP
	16	var	O/2.0	M	B516X	H P B516HP
#2, 3 Citrate	17	0.5	B/0.5	M	-1 B517X	1 H 2 P B517HP
	18	0.5	B/0.5	M	B518X	H P B518HP
	19	0.5	B/0.5	M	B519X	H P B519HP
	20	0.5	B/0.5	M	B520X	H P B520HP
#5, 6 Serum	21	1.0	R/1.5	L	B521X	H P B521HP
	22	0.5	R/0.5	M	B522X	H P B522HP
	23	0.5	R/0.5	M	B523X	H P B523HP
	24	0.5	R/0.5	M	B524X	H P B524HP
	25	0.5	R/0.5	M	B525X	H P B525HP
	26	0.5	R/0.5	M	B526X	H P B526HP
	27	1.0	R/1.5	M	B527X	H P B527HP
	28	1.0	R/1.5	M	B528X	H P B528HP
	29	1.0	R/1.5	M	B529X	H P B529HP
	30	0.5	R/0.5	M	B530X	H P B530HP
	31	0.5	R/0.5	M	B531X	H P B531HP
URINE	32	2.0	V/2.0	M	B532X	-1 P B532HP
	33	20	V/20	M	B533X	-1 P B533HP
(acidified)	34	2.0	G/2.0	M	B534X	-1 P B534HP
	35	20	G/20	M	B535X	-1 P B535HP

L=LCBR; M=McKesson; H=Hemolyzed; P=Partial; W=white; C=clear; Y=Vitamin C; B=blue; R=red; V=violet G=green, O=Orange

***Place in a styrofoam box at -20°C for 2 hours. Transfer to -80°C to hold for shipping.**

Health ABC

HABC Enrollment ID #	Acrostic	Date Form Completed	Staff ID #
H BHID	BHACROS	BHDATE Month / Day / Year	BHSTFID

YEAR 2 RETURN VISIT
PHLEBOTOMY

Bar Code Label

BHBRCDX

1 Do you bleed or bruise easily?

1 Yes 0 No 8 Don't know

BHBLBR

2 Have you ever experienced fainting spells while having blood drawn?

BHFNT 1 Yes 0 No 8 Don't know

3 Time at start of venipuncture?

BHVTM ___ : ___ (Hours Minutes) 1 am 2 pm **BHAMPM2**

a. Was any blood drawn?

1 Yes 0 No **BHBLDR**

Please describe why not?

_____

_____

4 Time blood draw completed:

___ : ___ (Hours Minutes) 1 am 2 pm **BHAMPM3**

BHBLDRTM

5 Total tourniquet time:
(If tourniquet was reapplied, enter total time tourniquet was on. Note that 2 minutes is optimum.)

BHTOUR ___ minutes

Comments on phlebotomy:

_____

_____

_____

6 Quality of venipuncture: **BHQVEN**

1 Clean 2 Traumatic

1 Vein collapse
2 Hematoma
3 Vein hard to get
4 Multiple sticks
5 Excessive duration of draw
6 Leakage at venipuncture site
7 Other *(Please specify:)*

BHTRM _____

7 Were tubes filled to specified capacity?
If not, comment why.

Blood Volume/Tube		Filled to Capacity? Yes	No	Comment
1. EDTA	10 ml	1	0 →	**BHBV1**
2. CPT	8 ml	1	0 →	**BHBV2**
3. CPT	8 ml	1	0 →	**BHBV3**
4. EDTA	10 ml	1	0 →	**BHBV4**
5. Serum	10 ml	1	0 →	**BHBV5**
6. Serum	10 ml	1	0 →	**BHBV6**
Urine:				
1. Urine	(50-60 ml)	1	0 →	**BHUV1**

8 What is the date and time you last ate or drank anything except water?

a. Date of last meal:

___ / ___ / ___ (Month Day Year) **BHLMD**

b. Time of last meal:

BHMHM ___ : ___ (Hours Minutes) 1 am 2 pm **BHLMAPM**

c. How many hours has participant fasted?

BHFAST ___ hours **(Question 4 minus Question 8b. Round to nearest hour)**

LCBR Use only: Received Date: _____ **Time:** _____

Frozen? ☐ Yes ☐ No

Health ABC

HABC Enrollment ID #	Acrostic	Date Form Completed	Staff ID #
H ____ (BIID)	____ (BIACROS)	____/____/____ (BIDATE) Month Day Year	____ (BISTFID)

Bar Code Label

BIBRCD1

YEAR 2 RETURN VISIT
LABORATORY PROCESSING

BITIME Time at start of processing: ____:____ (1) am (2) pm **BIAMPM**

Collection Tubes	Cryo #	Vol.	Type	To	Check "X"	Problems
#1, 4 Vitamin C	01	0.5	Y/2.0	M BI01X	-1	1 H 2 P BI01HP
#1, 4 EDTA	02	0.5	W/0.5	L BI02X		H P BI02HP
	03	0.5	W/0.5	M BI03X		H P BI03HP
	04	0.5	W/0.5	M BI04X		H P BI04HP
	05	0.5	W/0.5	M BI05X		H P BI05HP
	06	0.5	W/0.5	M BI06X		H P BI06HP
	07	1.0	W/1.5	M BI07X		H P BI07HP
	08	1.0	W/1.5	M BI08X		H P BI08HP
	09	1.0	W/1.5	M BI09X		H P BI09HP
	10	1.0	W/1.5	M BI10X		H P BI10HP
	11	0.5	W/0.5	M BI11X		H P BI11HP
BIDNA	12	0.5	W/0.5	M BI12X		H P BI12HP
#2, 3 Buffy	13	var	C/2.0	M* BI13X		H P BI13HP
-1 Refused DNA collection	14	var	C/2.0	M* BI14X		H P BI14HP
#2, 3 Platelets	15	var	O/2.0	M BI15X		H P BI15HP
	16	var	O/2.0	M BI16X		H P BI16HP
#2, 3 Citrate	17	0.5	B/0.5	M BI17X	-1	1 H 2 P BI17HP
	18	0.5	B/0.5	M BI18X		H P BI18HP
	19	0.5	B/0.5	M BI19X		H P BI19HP
	20	0.5	B/0.5	M BI20X		H P BI20HP
#5, 6 Serum	21	1.0	R/1.5	L BI21X		H P BI21HP
	22	0.5	R/0.5	M BI22X		H P BI22HP
	23	0.5	R/0.5	M BI23X		H P BI23HP
	24	0.5	R/0.5	M BI24X		H P BI24HP
	25	0.5	R/0.5	M BI25X		H P BI25HP
	26	0.5	R/0.5	M BI26X		H P BI26HP
	27	1.0	R/1.5	M BI27X		H P BI27HP
	28	1.0	R/1.5	M BI28X		H P BI28HP
	29	1.0	R/1.5	M BI29X		H P BI29HP
	30	0.5	R/0.5	M BI30X		H P BI30HP
	31	0.5	R/0.5	M BI31X		H P BI31HP
URINE	32	2.0	V/2.0	M BI32X		BI32HP -1 P
	33	20	V/20	M BI33X		BI33HP -1 P
(acidified)	34	2.0	G/2.0	M BI34X		BI34HP -1 P
	35	20	G/20	M BI35X		BI35HP -1 P

L=LCBR; M=McKesson; H=Hemolyzed; P=Partial; W=white; C=clear; Y=Vitamin C; B=blue; R=red; V=violet G=green, O=Orange

***Place in a styrofoam box at -20°C for 2 hours. Transfer to -80°C to hold for shipping.**

Draft

Health ABC

HABC Enrollment ID #	Acrostic	Date Form Completed	Staff ID #
H ZAID	ZAACROS	ZADATE Month / Day / Year	ZASTFID

CORE HOME VISIT WORKBOOK

Arrival Time: ___:___ (Hours Minutes) **ZATIME1**

Departure Time: ___:___ (Hours Minutes) **ZATIME2**

CORE HOME VISIT PROCEDURE CHECKLIST

		Page Numbers	Please check if done	Comments
1.	Home Visit Interview	2	1 Yes 0 No	ZAHV
2.	Medication Inventory Update	25	1 Yes 0 No	ZAMI
3.	Weight	30	1 Yes 0 No	ZAWT
4.	Radial Pulse	30	1 Yes 0 No	ZARP
5.	Blood Pressure	31	1 Yes 0 No	ZABP
6.	Grip Strength	32	1 Yes 0 No	ZAGRIP
7.	Standing Balance	33	1 Yes 0 No	ZASB
8.	Chair Stands	35	1 Yes 0 No	ZACS
9.	4-meter Walk	36	1 Yes 0 No	ZA4MW
10.	Ultrasound	37	1 Yes 0 No	ZAULTRA
11.	DXA: Did participant agree to come into clinic for DXA?	39	1 Yes 0 No 5 Not applicable	ZADXA
12.	Was blood collected?		1 Yes 0 No 5 Not applicable	ZABLOOD
13.	Was urine collected?		1 Yes 0 No 5 Not applicable	ZAURINE
14.	Was the Visit-specific Home Visit Workbook filled out (either in part or completely)?		1 Yes 0 No 5 Not applicable	ZAHVWK
15.	Did participant agree to schedule an x-ray?		1 Yes 0 No 5 Not applicable 9 Not eligible	ZAXR

Memphis Only:

Would you like us to send a copy of your test results to your doctor? 1 Yes 0 No **ZADOC**

Draft

Page Link # ____ **ZALINK**

Version 1.0, 2/15/99

Health ABC

HABC Enrollment ID #	Acrostic	Date Form Completed	Staff ID #
H ZAID2	ZAACROS2	ZADATE2 Month / Day / Year	ZASTFID2

CORE HOME VISIT WORKBOOK

Year of annual contact:
- 2 Year 02
- 3 Year 03
- 4 Year 04
- 5 Year 05
- 6 Year 06
- 7 Year 07
- 8 Other *(Please specify)* ZATYPE

Type of contact:
- 1 Home (face-to-face interview)
- 2 Telephone interview
- 3 Other *(Please specify)* ZACONTAC

ZADATES
Date of last regularly scheduled contact: ___/___/___ Month Day Year

★ = **Priority questions**

★ 1. In general, how would you say your health is? Would you say it is. . .
(Interviewer Note: Read response options.)

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 8 Don't know
- 7 Refused

ZAHSTAT

★ 2. Since we last spoke to you about 6 months ago, did you stay in bed all or most of the day because of an illness or injury? Please include days that you were a patient in a hospital. **ZABED12**

- 1 Yes
- 0 No
- 8 Don't know
- 7 Refused

★ About how many days did you stay in bed all or most of the day because of an illness or injury? Please include days that you were a patient in a hospital.
(Interviewer Note: If necessary, probe - "If you are unsure, please make your best guess.")

___ days **ZABEDDAY**

★ 3. Since we last spoke to you about 6 months ago, did you cut down on the things you usually do, such as going to work or working around the house, because of an illness or injury? Please include days in bed. **ZACUT12**

- 1 Yes
- 0 No
- 8 Don't know
- 7 Refused

★ How many days did you cut down on the things you usually do because of illness or injury? Please include days in bed.
(Interviewer Note: If necessary, probe - "If you are unsure, please make your best guess.")

___ days **ZACUTDAY**

4. Since we last spoke to you about 6 months ago, did you stay overnight as a patient in a nursing home or rehabilitation center? **ZAMCNH**

[1] Yes [0] No [8] Don't know [7] Refused

5. Since we last spoke to you about 6 months ago, did you receive care at home from a visiting nurse, home health aide, or nurse's aide? **ZAMCVN**

[1] Yes [0] No [8] Don't know [7] Refused

6. This next question refers to the past 3 months. In the past three months, have you had a cold or flu that was bad enough to keep you in bed for all or most of the day? **ZAFLU**

[1] Yes [0] No [8] Don't know [7] Refused

a. Did you take your temperature? **ZATEMP**

[1] Yes [0] No [8] Don't know

[0] No, [8] Don't know → Go to Question #6b

Was your temperature 100° or higher? **ZATEMPHI**

[1] Yes [0] No [8] Don't know

b. Did a doctor or nurse tell you that you had the flu or a fever? **ZAFLUDR**

[1] Yes [0] No [8] Don't know

c. Did you have body aches, chills, or muscle weakness that lasted two or more days? **ZAACHES**

[1] Yes [0] No [8] Don't know

d. Were you hospitalized overnight for pneumonia or bronchitis following the illness? **ZAPNEU**

[1] Yes [0] No [8] Don't know

7. Did you get a flu shot in the past 12 months? **ZAFSHOT**

[1] Yes [0] No [8] Don't know [7] Refused

When did you get your most recent flu shot? If you are unsure, please make your best guess.

[ ][ ] / [ ][ ] **ZAMOYR**

Month Year

8. Because of a health or physical problem, do you have any difficulty walking a quarter of a mile, that is about 2 or 3 blocks? ***(Interviewer Note: If the participant responds "Don't do," probe to determine whether this is because of a health or physical problem. If the participant doesn't walk because of a health or physical problem, check "Yes." If the participant doesn't walk for other reasons, check "Don't do.")***

ZADWQMYN

- 1 Yes
- 0 No → Go to Question #8c
- 8 Don't know → Go to Question #8c
- 7 Refused → Go to Question #8c
- 9 Don't do → Go to Question #9

a. How much difficulty do you have? ***(Interviewer Note: Read response options.)***

ZADWQMDF

- 1 A little difficulty
- 2 Some difficulty
- 3 A lot of difficulty
- 4 Or are you unable to do it?
- 8 Don't know

b. What is the main reason that you have difficulty? Is it because of arthritis, shortness of breath, heart disease, or some other reason?
(Interviewer Note: If "some other reason," probe for response. Do NOT read response options. Mark only ONE answer.)

ZAMNRS

- 1 Arthritis
- 2 Back pain
- 3 Balance problems/unsteadiness on feet
- 4 Cancer
- 5 Chest pain/discomfort
- 6 Circulatory problems
- 7 Diabetes
- 8 Fatigue/tiredness (no specific disease)
- 9 Fall
- 10 Heart disease (including angina, congestive heart failure, etc)
- 11 High blood pressure/hypertension
- 12 Hip fracture
- 13 Injury (Please specify: _____)
- 14 Joint pain
- 15 Lung disease (asthma, chronic bronchitis, emphysema, etc)
- 16 Old age (no mention of a specific condition)
- 17 Osteoporosis
- 18 Shortness of breath
- 19 Stroke
- 1 Other symptom (Please specify: _____) **ZAMNRS4**
- 2 Multiple conditions/symptoms given; unable to determine MAIN reason
- 8 Don't know

Go to Question #9

8c. How easy is it for you to walk a quarter of a mile? **ZADWQMEZ**
(Interviewer Note: Read response options.)

- [1] Very easy
- [2] Somewhat easy
- [3] Or not that easy
- [8] Don't know/Don't do

8d. Do you get tired when you walk a quarter of a mile? **ZADWQMT2**

- [1] Yes
- [0] No
- [8] Don't know/Don't do

8e. Because of a health or physical problem, do you have any difficulty walking a distance of one mile, that is about 8 to 12 blocks? **ZADW1MYN**

- [1] Yes → Go to Question #9
- [0] No → Go to Question #8f
- [8] Don't know/Don't do → Go to Question #8f

8f. How easy is it for you to walk one mile? **ZADW1MEZ**
(Interviewer Note: Read response options.)

- [1] Very easy
- [2] Somewhat easy
- [3] Or not that easy
- [8] Don't know/Don't do

9. Because of a health or physical problem, do you have any difficulty walking up 10 steps, that is about 1 flight, without resting? ***(Interviewer Note: If the participant responds "Don't do", probe to determine whether this is because of a health or physical problem. If the participant doesn't walk up 10 steps because of a health or physical problem, check "Yes". If the participant doesn't walk up steps for other reasons, such as there are simply no steps in the area, check "Don't do".)*** **ZADW10YN**

- 1 Yes
- 0 No → Go to Question #9c
- 8 Don't know → Go to Question #9c
- 7 Refused → Go to Question #9c
- 9 Don't do → Go to Question #10

a. How much difficulty do you have? **ZADIF**
(Interviewer Note: Read response options.)

- 1 A little difficulty
- 2 Some difficulty
- 3 A lot of difficulty
- 4 Or are you unable to do it?
- 8 Don't know

b. What is the main reason that you have difficulty? Is it because of arthritis, shortness of breath, heart disease, or some other reason?
(Interviewer Note: If "some other reason," probe for response. Do NOT read response options. Mark only ONE answer.) **ZAMNRS2**

- 1 Arthritis
- 2 Back pain
- 3 Balance problems/unsteadiness on feet
- 4 Cancer
- 5 Chest pain/discomfort
- 6 Circulatory problems
- 7 Diabetes
- 8 Fatigue/tiredness (no specific disease)
- 9 Fall
- 10 Heart disease (including angina, congestive heart failure, etc)
- 11 High blood pressure/hypertension
- 12 Hip fracture
- 13 Injury (Please specify: _____)
- 14 Joint pain
- 15 Lung disease (asthma, chronic bronchitis, emphysema, etc)
- 16 Old age (no mention of a specific condition)
- 17 Osteoporosis
- 18 Shortness of breath
- 19 Stroke
- 1 Other symptom (Please specify: _____) **ZAMNRS3**
- 2 Multiple conditions/symptoms given; unable to determine MAIN reason
- 8 Don't know

Go to Question #10

9c. How easy is it for you to walk up 10 steps without resting? **ZADW10EZ**
(Interviewer Note: Read response options.)

- **1** Very easy
- **2** Somewhat easy
- **3** Or not that easy
- **8** Don't know/Don't do

9d. Do you get tired when you walk up 10 steps without resting? **ZADW10WX**

- **1** Yes
- **0** No
- **8** Don't know/Don't do

9e. Because of a health or physical problem, do you have any difficulty walking up 20 steps, that is about 2 flights, without resting?

- **1** Yes → Go to Question #10
- **0** No → Go to Question #9f
- **8** Don't know/Don't do → Go to Question #9f

ZADW20YN

9f. How easy is it for you to walk up 20 steps without resting? **ZADW20EZ**
(Interviewer Note: Read response options.)

- **1** Very easy
- **2** Somewhat easy
- **3** Or not that easy
- **8** Don't know/Don't do

10. Do you <u>have to</u> use a cane, walker, crutches, or other special equipment to help you get around? **ZAEQUIP**

[1] Yes [0] No [8] Don't know [7] Refused

11. Because of a health or physical problem, do you have any difficulty getting in and out of bed or chairs?

[1] Yes [0] No [8] Don't know [7] Refused **ZADIOYN**

How much difficulty do you have?
(Interviewer Note: Read response options.)

ZADIODIF

[1] A little difficulty
[2] Some difficulty
[3] A lot of difficulty
[4] Or are you unable to do it?
[8] Don't know

Do you usually receive help from another person when you get in and out of bed or chairs?

[1] Yes [0] No [8] Don't know

ZADIORHY

12. Do you have any difficulty bathing or showering? **ZABATHYN**

[1] Yes [0] No [8] Don't know [7] Refused

How much difficulty do you have?
(Interviewer Note: Read response options.)

ZABATHDF

[1] A little difficulty
[2] Some difficulty
[3] A lot of difficulty
[4] Or are you unable to do it?
[8] Don't know

Do you usually receive help from another person in bathing or showering?

[1] Yes [0] No [8] Don't know

ZABATHRH

13. Do you have any difficulty dressing? **ZADDYN**

[1] Yes [0] No [8] Don't know [7] Refused

How much difficulty do you have?
(Interviewer Note: Read response options.)

ZADDDIF

[1] A little difficulty
[2] Some difficulty
[3] A lot of difficulty
[4] Or are you unable to do it?
[8] Don't know

Do you usually receive help from another person in dressing?

[1] Yes [0] No [8] Don't know

ZADDRHYN

14. Because of a health or physical problem, do you have any difficulty preparing meals? **ZADFPREP**

[1] Yes [0] No [9] Does not do [8] Don't know [7] Refused

15. Because of a health or physical problem, do you have any difficulty shopping for food? **ZADFSHOP**

[1] Yes [0] No [9] Does not do [8] Don't know [7] Refused

16. Now I am going to ask some questions about the type and amount of physical activity that you did in the past 12 months and what you usually do in a typical week.

In the past 12 months, did you walk up a flight of stairs (a flight is about 10 steps), at least 10 times?

[1] Yes [0] No [8] Don't know [7] Refused **ZAFS12MO**

[0] No, [8] Don't know, [7] Refused → Go to Question #17

[1] Yes →

a. In the past 7 days, did you walk up a flight of stairs? **ZAS7DAY**

[1] Yes [0] No [8] Don't know

[0] No → Go to Question #17

b. About how many flights did you walk up in the past 7 days? If you are unsure, please make your best guess.

ZAFSNUM [ ][ ][ ] flights [-1] Don't know **ZAFSNUMD**

c. About how many of these flights did you walk up carrying a small load like laundry, groceries, or an infant?

ZAFSLOAD [ ][ ][ ] flights [-1] Don't know **ZAFSLODK**

17. In the past 12 months, did you walk for exercise, or walk to work, the store, church or walk the dog, at least 10 times? **ZAEW12MO**

[1] Yes [0] No [8] Don't know [7] Refused

[0] No / [8] Don't know / [7] Refused → Go to Question #18

In the past 7 days, did you go walking? **ZAEW7DAY**

[1] Yes [0] No

[0] No → What is the main reason you did not go walking in the past 7 days?

[1] bad weather
[2] not enough time
[3] injury **ZAEWREAS**
[4] health problems
[5] lost interest
[6] felt unsafe
[7] not necessary
[8] other

→ Go to Question #18

[1] Yes →

a. How many times did you go walking in the past 7 days? **ZAEWTIME**

[ ][ ] times [-1] Don't know **ZAEWTMDK**

b. About how much time, on average, did you spend walking each time you walked (excluding rest periods)? ***(Interviewer Note: If less than 1 hour, record number of minutes.)*** **ZAEWMINS**

ZAEWHRS [ ][ ] Hours [ ][ ] Minutes [-1] Don't know **ZAEWTDK**

c. When you walk, do you usually walk at a brisk pace *(as fast as you can),* a moderate pace, or at a leisurely stroll?

[1] brisk
[2] moderate
[3] stroll **ZAEWPACE**
[8] Don't know

d. About how many blocks, on average, did you walk each time? **ZAEWBLOX**

[ ][ ] blocks [-1] Number of blocks unknown **ZAEWBLUK**

Do you know how far you usually walk in something other than blocks, e.g., mall lengths, miles, laps around a track? **ZAEWKNOW**

[1] Yes [0] No

[1] Yes →

a. What is the unit of measure? [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] **ZAEWUNIT**

b. How many do you walk, on average? **ZAEWNUMU** [ ][ ][ ] units [-1] Don't know **ZAEWUNDK**

18. This next question is about caregiving activities that you may do. Do you currently provide any regular care or assistance to a child or a disabled or sick adult? **ZAVWCURA**

[1] Yes [0] No [8] Don't know [7] Refused

[0] No, [8] Don't know, [7] Refused → Go to Question #19

[1] Yes →

About how many hours per week do you provide care to another person?
If you are unsure, please make your best guess.

ZAVWAHAW [ ][ ][ ] hours [-1] Don't know **ZAVWDK**

Now I'm going to ask you about some medical problems that you might have had in the past 12 months.

In the past 12 months, has a doctor told you that you had...?

19. Hypertension or high blood pressure? We are specifically interested in hearing about hypertension or high blood pressure that was diagnosed for the first time in the past 12 months. **ZAHCHBP**

[1] Yes [0] No [8] Don't know [7] Refused

20. Diabetes or sugar diabetes? Again, we are specifically interested in hearing about diabetes that was diagnosed for the first time in the past 12 months. **ZASGDIAB**

[1] Yes [0] No [8] Don't know [7] Refused

21. In the past 12 months, have you seen a health professional for new or worsening symptoms of...?

ZACP	a. Chest pain	[1] Yes	[0] No	[8] Don't know	[7] Refused
ZASOB	b. Shortness of breath	[1] Yes	[0] No	[8] Don't know	[7] Refused
ZAANGI	c. Angina	[1] Yes	[0] No	[8] Don't know	[7] Refused

22. In the past 12 months, have you fallen and landed on the floor or ground? **ZAAJFALL**

[1] Yes [0] No [8] Don't know [7] Refused

[0] No, [8] Don't know, [7] Refused → Please go to Question #23

[1] Yes →

How many times have you fallen in the past 12 months?
If you are unsure, please make your best guess.

ZAAJFNUM

[1] One
[2] Two or three
[4] Four or five
[6] Six or more
[8] Don't know

CORE HOME VISIT WORKBOOK
MEDICAL CONDITIONS IN PAST 6 MONTHS

Now I'm going to ask you about any medical problems you might have had since we last spoke to you about 6 months ago, which was on ☐☐ / ☐☐ / ☐☐ (Month / Day / Year)

23. Since we last spoke to you about 6 months ago, has a doctor told you that you had a heart attack, angina, or chest pain due to heart disease? **ZAHCHAM I**

1 Yes 0 No 8 Don't know 7 Refused

Were you hospitalized overnight for this problem? **ZAHOSMI**

1 Yes 0 No → Go to Question #24

Complete a Health ABC Event Form(s), Section I, for each overnight hospitalization.
Record reference #'s below:

a. ☐☐☐☐☐ **ZAREF23A**
b. ☐☐☐☐☐ **ZAREF23B**
c. ☐☐☐☐☐ **ZAREF23C**

24. Since we last spoke to you about 6 months ago, has a doctor told you that you had a stroke, mini-stroke, or TIA ?

1 Yes 0 No 8 Don't know 7 Refused **ZAHCCVA**

Were you hospitalized overnight for this problem? **ZAHOSMI2**

1 Yes 0 No → Go to Question #25

Complete a Health ABC Event Form(s), Section I, for each overnight hospitalization.
Record reference #'s below:

a. ☐☐☐☐☐ **ZAREF24A**
b. ☐☐☐☐☐ **ZAREF24B**
c. ☐☐☐☐☐ **ZAREF24C**

25. Since we last spoke to you about 6 months ago, has a doctor told you that you had congestive heart failure?

1 Yes 0 No 8 Don't know 7 Refused **ZACHF**

Were you hospitalized overnight for this problem? **ZAHOSMI3**

1 Yes 0 No → Go to Question #26

Complete a Health ABC Event Form(s), Section I, for each overnight hospitalization.
Record reference #'s below:

a. ☐☐☐☐☐ **ZAREF25A**
b. ☐☐☐☐☐ **ZAREF25B**
c. ☐☐☐☐☐ **ZAREF25C**

26. Since we last spoke to you about 6 months ago, has a doctor told you that you had cancer? We are specifically interested in hearing about a cancer that your doctor diagnosed for the first time since we last spoke to you. **ZACHMGMT**

[1] Yes [0] No [8] Don't know [7] Refused

Complete a Health ABC Event Form(s), Section II, for each event.
Record reference #'s below:

a. [ ][ ][ ][ ][ ] **ZAREF26A**
b. [ ][ ][ ][ ][ ] **ZAREF26B**
c. [ ][ ][ ][ ][ ] **ZAREF26C**

27. Since we last spoke to you about 6 months ago, has a doctor told you that you had pneumonia?

[1] Yes [0] No [8] Don't know [7] Refused **ZALCPNEU**

Complete a Health ABC Event Form(s), Section II, for each event.
Record reference #'s below:

a. [ ][ ][ ][ ][ ] **ZAREF27A**
b. [ ][ ][ ][ ][ ] **ZAREF27B**
c. [ ][ ][ ][ ][ ] **ZAREF27C**

28. Since we last spoke to you about 6 months ago, have you been told by a doctor that you broke or fractured a bone(s)? **ZAOSBR45**

[1] Yes [0] No [8] Don't know [7] Refused

Complete a Health ABC Event Form(s), Section II, for each event.
Record reference #'s below:

a. [ ][ ][ ][ ][ ] **ZAREF28A**
b. [ ][ ][ ][ ][ ] **ZAREF28B**
c. [ ][ ][ ][ ][ ] **ZAREF28C**

29. Were you hospitalized overnight for any other reasons since we last spoke to you about 6 months ago?

[1] Yes [0] No [8] Don't know [7] Refused **ZAHOSP12**

Complete a Health ABC Event Form(s), Section I, for each event.
Record reference #'s and reason for hospitalization below.

a. [ ][ ][ ][ ][ ] Reason for hospitalization: **ZAREF29A**

b. [ ][ ][ ][ ][ ] Reason for hospitalization: **ZAREF29B**

c. [ ][ ][ ][ ][ ] Reason for hospitalization: **ZAREF29C**

d. [ ][ ][ ][ ][ ] Reason for hospitalization: **ZAREF29D**

e. [ ][ ][ ][ ][ ] Reason for hospitalization: **ZAREF29E**

f. [ ][ ][ ][ ][ ] Reason for hospitalization: **ZAREF29F**

30. Have you had any same day outpatient surgery since we last spoke to you about 6 months ago?

[1] Yes [0] No [8] Don't know [7] Refused **ZAOUTPA**

Was it for. . .?

Reference #'s

a. A procedure to open a blocked artery **ZABLART** — [1] Yes [0] No [8] Don't know → ***Complete a Health ABC Event form, Section III. Record reference #:*** [ ][ ][ ][ ][ ] **ZAREF30A**

b. Gall bladder surgery **ZAGALLBL** — [1] Yes [0] No [8] Don't know

c. Cataract surgery **ZACATAR** — [1] Yes [0] No [8] Don't know

d. Hernia repair (Inguinal abdominal hernia.) **ZAHERN** — [1] Yes [0] No [8] Don't know

e. TURP (MEN ONLY) (transurethral resection of prostate) **ZATURP** — [1] Yes [0] No [8] Don't know

f. Other **ZAOTH** — [1] Yes [0] No [8] Don't know →

Please specify the type of outpatient surgery.

i. _____

ii. _____

iii. _____

31. Is there any other illness or condition for which you see a doctor or other health care professional?

ZAOTILL

- 1 Yes
- 0 No
- 8 Don't know
- 7 Refused

Please go to Question #32

Please describe for what:

_____

_____

_____

_____

32. This next question refers to the past month. In the past month, on the average, have you been feeling unusually tired during the day? **ZAELTIRE**

- 1 Yes
- 0 No
- 8 Don't know
- 7 Refused

Have you been feeling unusually tired...?
(Interviewer Note: Read response options.)

ZAELOFTN

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 8 Don't know
- 7 Refused

KNEE PAIN

Now I am going to ask you some questions about pain, aching or stiffness in, or around your knee. This includes the front, back and sides of the knee.

33. In the past 12 months, have you had any pain, aching or stiffness in either knee? **ZAAJK12**

[1] Yes [0] No [8] Don't know [7] Refused

[0] No / [8] Don't know / [7] Refused → Go to Question #34

[1] Yes

In the past 12 months, have you had pain, aching or stiffness in either knee on most days for at least one month? **ZAAJKMD**

[1] Yes * [0] No [8] Don't know

[1] Yes * →

Have you had this pain in your right knee, left knee, or both knees?
(Interviewer Note: Check only one response.)

[1] Right knee only
[2] Left knee only **ZAAJLRB1**
[3] Both right and left knee
[8] Don't know

---

34. Now, please think about the past 30 days. In the past 30 days, have you had any pain, aching or stiffness in either knee? **ZAAJK30**

[1] Yes [0] No [8] Don't know [7] Refused

[0] No / [8] Don't know / [7] Refused → Go to Question #35.

[1] Yes

a. In the past 30 days, have you had pain, aching or stiffness in either knee on most days? **ZAAJKMS**

[1] Yes * [0] No [8] Don't know

b. In the past 30 days, how much pain have you had in your knees for each activity I will describe. How much pain have you had while...? ***(Interviewer Note: Read each activity separately. Read response options.)***

	None	Mild	Moderate *	Severe *	Extreme *	Don't know
a) Walking on a flat surface **ZAAJKFS**	0	1	2	3	4	8
b) Going up or down stairs **ZAAJKST**	0	1	2	3	4	8
c) At night while in bed **ZAAJKBD**	0	1	2	3	4	8
d) Standing upright **ZAAJKUP**	0	1	2	3	4	8
e) Getting in or out of a chair **ZAAJKCH**	0	1	2	3	4	8
f) Getting in or out of a car **ZAAJKIN**	0	1	2	3	4	8

c. Have you had this pain in your right knee, left knee, or both knees? **ZAAJLRB2**
(Interviewer Note: Check only one response.)

[1] Right knee only [2] Left knee only [3] Both right and left knee [8] Don't know

* ***Examiner Note: Participant may be eligible for knee x-ray. If knee x-rays are a part of this years exam, go to Home Visit Knee X-ray Tracking Form.***

35. In general, would you say that your appetite or desire to eat has been. . . ? **ZAAPPET**
(Interviewer Note: Read response options.)

- [1] Very good
- [2] Good
- [3] Moderate
- [4] Poor
- [5] Very poor
- [8] Don't know
- [7] Refused

36. How much do you currently weigh?
(Interviewer Note: If necessary, probe - "If you are unsure, please make your best guess.")

ZAWTLBS [ ][ ][ ] pounds

ZALBS2
[8] Don't know/don't remember [7] Refused

37. Since we last spoke to you about 6 months ago, has your weight changed by 5 or more pounds?

ZACHN5LB [1] Yes [0] No [8] Don't know [7] Refused

a. Did you gain or lose weight? **ZAGNLS**

[1] Gain [2] Lose [8] Don't know/don't remember

b. How many pounds did you gain/lose in the past 6 months?
(Interviewer Note: If necessary, probe - "If you are unsure, please make your best guess.")

[ ][ ] pounds **ZAHOW6**

ZAHOW6DN
[8] Don't know/don't remember [7] Refused

c. Were you trying to gain/lose weight? **ZATRGNLS**

[1] Yes [0] No [8] Don't know

38. At the present time, are you trying to lose weight? **ZATRYLOS**

[1] Yes [0] No [8] Don't know [7] Refused

39. Now I have some questions about your feelings during the past week.

		Yes	No	Don't Know	Refused
a.	Are you basically satisfied with your life? ZASAT	1	0	8	7
b.	Have you dropped many of your activities and interests? ZADROP	1	0	8	7
c.	Do you feel that your life is empty? ZAEMPTY	1	0	8	7
d.	Do you often get bored? ZABORED	1	0	8	7
e.	Are you in good spirits most of the time? ZASPIRIT	1	0	8	7
f.	Are you afraid that something bad is going to happen to you? ZAAFRAID	1	0	8	7
g.	Do you feel happy most of the time? ZAHAPPY	1	0	8	7
h.	Do you often feel helpless? ZAHELPLS	1	0	8	7
i.	Do you prefer to stay at home, rather than going out and doing new things? ZAHOME	1	0	8	7
j.	Do you feel you have more problems with memory than most? ZAMEMRY	1	0	8	7
k.	Do you think it is wonderful to be alive? ZAWONDER	1	0	8	7
l.	Do you feel pretty worthless the way you are now? ZAWORTHL	1	0	8	7
m.	Do you feel full of energy? ZAENRGY	1	0	8	7
n.	Do you feel that your situation is hopeless? ZAHOPEL	1	0	8	7
o.	Do you think that most people are better off than you are? ZABETTER	1	0	8	7

40. Did your spouse or partner die in the past 12 months? ZALESDIE

1 Yes 0 No 8 Don't know 7 Refused

41. Did a child, grandchild, close friend, or relative die in the past 12 months? ZALERDIE

1 Yes 0 No 8 Don't know 7 Refused

42. Has a close friend or family member had a serious accident or illness in the past 12 months? ZALEACC

1 Yes 0 No 8 Don't know 7 Refused

43. Have you changed your doctor or place that you usually go for health care or advice about your health care in the past 12 months? **ZAHCADV**

1 Yes
0 No
2 I don't have a doctor or place that I usually go for health care
8 Don't know
7 Refused

Go to Question #44

a. Where do you usually go for health care or advice about health care? **ZAHCSRC**
(Interviewer Note: Read response options. Please check only one.)

1 Private doctor's office (individual or group practice)

2 Public clinic such as a neighborhood health center

3 Health Maintenance Organization (HMO) ***(Please specify:_____)***
(Examples: Security Blue, US Healthcare, Health America, The Apple Plan, Omnicare, Prucare)

4 Hospital outpatient clinic

5 Emergency room

6 Other ***(Please specify: _____)***

Please tell me the name, address, and telephone number of the doctor or place that you usually go to for health care.

First Name

Last Name

Street Address

City State

Zip Code **ZAHCZIP**

Telephone: ( ) - **ZAHCPHON**
Area Code Number

44. Do you expect to move or have a different mailing address in the next 6 months? **ZAMOVE**

Yes [1] No [0] Don't know [8] Refused [7]

What will be your new mailing address?

New address:

Street Address _____ Apt/Room

City _____ State

[ ][ ][ ][ ][ ] - [ ][ ][ ][ ]
Zip Code

ZAMAZIP

[1] Permanent address

[2] Winter address

ZAADDRES

[3] Other *(Please describe:* _____ *)*

Telephone: ([ ][ ][ ]) [ ][ ][ ] - [ ][ ][ ][ ] **ZAMATELE**
Area Code Number

new address/phone number effective: [ ][ ] / [ ][ ] / [ ][ ] **ZAMADATE**
Month Day Year

45. You previously told us the name of someone who could provide information and answer questions for you in the event that you were unable to answer for yourself. Please tell me if the information I have is still correct.

(Interviewer Note: Refer to participant's chart. If contact information needs to be corrected and/or updated, please record below. Ideally, this contact should be a relative who lives with the participant.)

First Name _____ Middle Initial _____

Last Name _____

Street Address _____ Apt/Room _____

City _____ State _____

Zip Code [ ][ ][ ][ ][ ] - [ ][ ][ ][ ] **ZACIZIP**

Telephone: ([ ][ ][ ]) [ ][ ][ ] - [ ][ ][ ][ ] **ZACITELE**

Area Code Number

How is this person related to you? **ZACIREL**

- [1] My husband or wife
- [2] My son or daughter
- [3] My niece or nephew
- [4] My grandchild
- [5] My brother or sister
- [6] My mother or father
- [7] Friend/neighbor
- [8] Someone else ***(Please say how related:)*** _____

46. You previously told us the name, address, and telephone number of two close friends or relatives who do not live with you and who would know how to reach you in case you move and we need to get in touch with you. These people did not have to be local people. Please tell me if the information I have is still correct.

(Interviewer Note: Refer to participant's chart. If contact information needs to be corrected and/or updated, please record below.)

Contact #1

First Name _____ Middle Initial _____

Last Name _____

Street Address _____ Apt/Room _____

City _____ State _____

Zip Code [ ][ ][ ][ ][ ] - [ ][ ][ ][ ] **ZAC1ZIP**

Telephone: ([ ][ ][ ]) [ ][ ][ ] - [ ][ ][ ][ ]

Area Code Number **ZAC1PHON**

How is this person related to you? **ZAC1REL**

1 My son or daughter

2 My niece or nephew

3 My grandchild

4 My brother or sister

5 My mother or father

6 Friend/neighbor

7 Someone else ***(Please say how related:)*** _____

46a.

Contact #2

First Name _____ Middle Initial _____

Last Name _____

Street Address _____ Apt/Room _____

City _____ State _____

Zip Code [ ][ ][ ][ ][ ] - [ ][ ][ ][ ] **ZAC2ZIP**

Telephone: ([ ][ ][ ]) [ ][ ][ ] - [ ][ ][ ][ ] **ZAC2PHON**

Area Code Number

How is this person related to you? **ZAC2REL**

1 My son or daughter
2 My niece or nephew
3 My grandchild
4 My brother or sister
5 My mother or father
6 Friend/neighbor
7 Someone else *(Please say how related:)* _____

47. ***Interviewer Note: Please answer the following question based on your judgement of the participant's responses to the Home Visit Interview.***

On the whole, how reliable do you think the participant's responses to the Home Visit Interview are?

1 Very reliable
2 Fairly reliable
3 Not very reliable
8 Don't know

ZARELY

48. What is the primary reason an alternate type of contact was done for the Annual Clinic Visit? Check only one reason.

ZAREASON

- [1] Illness/health problem(s)
- [2] Hearing difficulties
- [3] Cognitive difficulties
- [4] In nursing home/long-term care facility
- [5] Too busy; time and/or work conflict
- [6] Caregiving responsibilities
- [7] Physician's advice
- [8] Family member's advice
- [9] Clinic too far/travel time
- [10] Moved out of area
- [11] Travelling/on vacation
- [12] Personal problem(s)
- [13] Refused to give reason
- [14] Other ***(Please specify:*** _____ ***)***

Thank you very much for answering these questions. I enjoyed talking with you. Please remember to call us if you are admitted to a hospital or nursing home for any reason so that we can better understand changes in your health. We would also like to hear from you if you move or if your mailing address changes. We will be calling you in about 6 months from now to find out how you've been doing.

Health ABC

HABC Enrollment ID #	Acrostic	Date Form Completed	Staff ID #
MAID/MIFID	MAACROS	MIFDATE/MADATE Month / Day / Year	MASTAFF

MEDICATION INVENTORY FORM

Section A Medication Reception

Collect all prescription and over-the-counter medications (including pills, dermal patches, eye drops, creams, salves, and injections) used in the previous two weeks. Record the complete drug name exactly as written on the container label.

"Are these all the prescription and over-the-counter medications that you took during the last two weeks? We are also interested in drugs not usually prescribed by a doctor, such as supplements, vitamins, pain medications, laxatives or bowel medicines, cold medications, cough medications, antacids or stomach medicines, and ointments or salves?"

MAMEDS 1 Yes 0 No 2 Took no prescription or non-prescription medicines

MATOTAL Total number brought in: ____

Did examiner call participant to complete MIF? 1 Yes 0 No **MACALL**

Section B Prescription Medication.

Copy the name of the prescription, the strength in milligrams (mg) or other units, the total number of doses taken per day, week or month. Indicate whether the medication is taken on an "as needed" basis, and whether or not the container was actually seen. In addition, record reason for use, date started, and formulation code.

	Medication Name (Generic Name or Trade Name)	Strength	Units	Indicate Number Used & Circle Day, Week or Month	PRN? Check "X": Yes or No	Container Seen? Check "X": Yes or No
1.	MIFNAME	MIF STREN	MIFUNIT	MIFDWM ____ D W M; MIFNMUS 1 2 3	MIFPRN 1 Y 0 N	MIFSEEN 1 Y 0 N
	Reason for use: MIFREAS			Date Started: MIFMONTH / MIFYEAR	Formulation Code: MIFFORM	1 Rx 0 Non Rx MIFRX
2.				____ D W M	Y N	Y N
	Reason for use:			Date Started: Month / Year	Formulation Code:	Rx Non Rx
3.				____ D W M	Y N	Y N
	Reason for use:			Date Started: Month / Year	Formulation Code:	Rx Non Rx
4.				____ D W M	Y N	Y N
	Reason for use:			Date Started: Month / Year	Formulation Code:	Rx Non Rx
5.				____ D W M	Y N	Y N
	Reason for use:			Date Started: Month / Year	Formulation Code:	Rx Non Rx

MEDICATION INVENTORY FORM--page 2

Section B Prescription Medication -- Continued

	Medication Name (Generic Name or Trade Name)	Strength	Units	Indicate Number Used & Circle Day, Week or Month	PRN? Check "X": Yes or No	Container Seen? Check "X": Yes or No
6.	MIFNAME	MIF STREN	MIFUNIT	MIFDWM ____ D W M (MIFNMUS 1 2 3)	MIFPRN 1 Y 0 N	MIFSEEN 1 Y 0 N
	Reason for use: MIFREAS			Date Started: MIFMONTH / MIFYEAR Month Year	Formulation Code: MIFFORM	1 Rx 0 Non Rx MIFRX
7.				____ D W M	Y N	Y N
	Reason for use:			Date Started: Month / Year	Formulation Code:	Rx Non Rx
8.				____ D W M	Y N	Y N
	Reason for use:			Date Started: Month / Year	Formulation Code:	Rx Non Rx
9.				____ D W M	Y N	Y N
	Reason for use:			Date Started: Month / Year	Formulation Code:	Rx Non Rx
10.				____ D W M	Y N	Y N
	Reason for use:			Date Started: Month / Year	Formulation Code:	Rx Non Rx
11.				____ D W M	Y N	Y N
	Reason for use:			Date Started: Month / Year	Formulation Code:	Rx Non Rx
12.				____ D W M	Y N	Y N
	Reason for use:			Date Started: Month / Year	Formulation Code:	Rx Non Rx

☐ Continued on MIF Supplement

Formulation Codes

0=unidentifiable, 1=oral tablet, 2=oral capsule, 3=oral liquid, 4=topical cream, lotion, or ointment, 5=other liquid, 6=ophthalmic, 7=missing, 8=rectal or vaginal, 9=inhaled or nasal, 10=injected, 11=transdermal patch, 12=powder, 99=other

MEDICATION INVENTORY FORM--page 3

Section C Over-the-counter Medications and Supplements

Copy the name of the over-the-counter medicine, the strength in milligrams (mg) or other units, the total number of doses taken per day, week or month. Indicate whether the medication is taken on an "as needed" basis, and whether or not the container was actually seen. In addition, record reason for use, date started, and formulation code.

	Medication Name (Generic Name or Trade Name)	Strength	Units	Indicate Number Used & Circle Day, Week or Month	PRN? Check "X": Yes or No	Container Seen? Check "X": Yes or No
1.	MIFNAME	MIF STREN	MIFUNIT	MIFDWM ____ D W M	MIFPRN 1 Y 0 N	MIFSEEN 1 Y 0 N
	Reason for use: MIFREAS			MIFNMUS 1 2 3 Date Started: MIFMONTH / MIFYEAR Month Year	Formulation Code: MIFFORM	1 Rx 0 Non Rx MIFRX
2.				____ D W M	☐ Y ☐ N	☐ Y ☐ N
	Reason for use:			Date Started: Month / Year	Formulation Code:	☐ Rx ☐ Non Rx
3.				____ D W M	☐ Y ☐ N	☐ Y ☐ N
	Reason for use:			Date Started: Month / Year	Formulation Code:	☐ Rx ☐ Non Rx
4.				____ D W M	☐ Y ☐ N	☐ Y ☐ N
	Reason for use:			Date Started: Month / Year	Formulation Code:	☐ Rx ☐ Non Rx
5.				____ D W M	☐ Y ☐ N	☐ Y ☐ N
	Reason for use:			Date Started: Month / Year	Formulation Code:	☐ Rx ☐ Non Rx
6.				____ D W M	☐ Y ☐ N	☐ Y ☐ N
	Reason for use:			Date Started: Month / Year	Formulation Code:	☐ Rx ☐ Non Rx
7.				____ D W M	☐ Y ☐ N	☐ Y ☐ N
	Reason for use:			Date Started: Month / Year	Formulation Code:	☐ Rx ☐ Non Rx

MEDICATION INVENTORY FORM--page 4

Section C Over-the-counter Medications and Supplements (continued)

	Medication Name (Generic Name or Trade Name)	Strength	Units	Indicate Number Used & Circle Day, Week or Month	PRN? Check "X": Yes or No	Container Seen? Check "X": Yes or No
8.	MIFNAME	MIF STREN	MIFUNIT	MIFNMUS 1 2 3 / MIFDWM D W M	MIFPRN 1 Y 0 N	MIFSEEN 1 Y 0 N
	Reason for use: MIFREAS			Date Started: MIFMONTH / MIFYEAR	Formulation Code: MIFFORM	1 Rx 0 Non Rx MIFRX
9.				____ D W M	Y N	Y N
	Reason for use:			Date Started: Month / Year	Formulation Code:	Rx Non Rx
10.				____ D W M	Y N	Y N
	Reason for use:			Date Started: Month / Year	Formulation Code:	Rx Non Rx
11.				____ D W M	Y N	Y N
	Reason for use:			Date Started: Month / Year	Formulation Code:	Rx Non Rx
12.				____ D W M	Y N	Y N
	Reason for use:			Date Started: Month / Year	Formulation Code:	Rx Non Rx
13.				____ D W M	Y N	Y N
	Reason for use:			Date Started: Month / Year	Formulation Code:	Rx Non Rx
14.				____ D W M	Y N	Y N
	Reason for use:			Date Started: Month / Year	Formulation Code:	Rx Non Rx

☐ Continued on MIF Supplement

Formulation Codes

0=unidentifiable, 1=oral tablet, 2=oral capsule, 3=oral liquid, 4=topical cream, lotion, or ointment, 5=other liquid, 6=ophthalmic, 7=missing, 8=rectal or vaginal, 9=inhaled or nasal, 10=injected, 11=transdermal patch, 12=powder, 99=other

Health ABC

HABC Enrollment ID #	Acrostic	Date Form Completed	Staff ID #
MAID/MIFID	MAACROS	MIFDATE/MADATE (Month / Day / Year)	MASTAFF

MEDICATION INVENTORY FORM

SUPPLEMENT

Prescription and Over-the-counter Medications and Supplements

Copy the name of the prescription or over-the-counter medicine, the strength in milligrams (mg) or other units and the total number of doses taken per day, week or month.

	Medication Name (Generic Name or Trade Name)	Strength	Units	Indicate Number Used & Circle Day, Week or Month	PRN? Check "X": Yes or No	Container Seen? Check "X": Yes or No
1S.	MIFNAME	MIF STREN	MIFUNIT	____ MIFDWM (D W M) MIFNMUS (1 2 3)	MIFPRN: 1 Y / 0 N	MIFSEEN: 1 Y / 0 N
	Reason for use: MIFREAS			Date Started: MIFMONTH (Month) / MIFYEAR (Year)	Formulation Code: MIFFORM	MIFRX: 1 Rx / 0 Non Rx
2S.				____ D W M	☐ Y ☐ N	☐ Y ☐ N
	Reason for use:			Date Started: Month / Year	Formulation Code:	☐ Rx ☐ Non Rx
3S.				____ D W M	☐ Y ☐ N	☐ Y ☐ N
	Reason for use:			Date Started: Month / Year	Formulation Code:	☐ Rx ☐ Non Rx
4S.				____ D W M	☐ Y ☐ N	☐ Y ☐ N
	Reason for use:			Date Started: Month / Year	Formulation Code:	☐ Rx ☐ Non Rx
5S.				____ D W M	☐ Y ☐ N	☐ Y ☐ N
	Reason for use:			Date Started: Month / Year	Formulation Code:	☐ Rx ☐ Non Rx
6S.				____ D W M	☐ Y ☐ N	☐ Y ☐ N
	Reason for use:			Date Started: Month / Year	Formulation Code:	☐ Rx ☐ Non Rx
7S.				____ D W M	☐ Y ☐ N	☐ Y ☐ N
	Reason for use:			Date Started: Month / Year	Formulation Code:	☐ Rx ☐ Non Rx

Page Link # ☐

Version 1.0, 2/15/99

Health ABC

HABC Enrollment ID # H | Acrostic

Z2ID Z2ACROS

CORE HOME VISIT WORKBOOK

WEIGHT AND RADIAL PULSE

WEIGHT

			.		lbs **Z2WTLBS**

Staff ID# | | | | **Z2STFID1**

RADIAL PULSE

Staff ID# | | | | **Z2STFID2**

Measurement 1 | | | beats per 30 seconds **Z2PLSSM1**

x 2 = | | | beats per minute **Z2PULSE**

Measurement 2 | | | beats per 30 seconds **Z2PLSMS2**

x 2 = | | | **Z2PULSE2** beats per minute

Total (Measurement 1 + Measurement 2) | | | **Z2PLSTOT**

÷ 2

= | | | Average beats per minute **Z2PLSAV**

Health ABC

HABC Enrollment ID #	Acrostic	Staff ID #
H		
Z2ID2	Z2ACROS2	Z2STFID3

CORE HOME VISIT WORKBOOK

BLOOD PRESSURE

❶ **Cuff Size** [4] Small [1] Regular [2] Large [3] Thigh **Z2OCUF**

❷ **Arm Used** [1] Right [2] Left → ***Please explain why right arm was not used:*** **Z2ARMRL**

(Examiner Note: Refer to Data from Prior Visit Form.)

Pulse Obliteration Level **Z2POPS**

❸ **Palpated Systolic** ___ mmHg

* ***Add +30 to Palpated Systolic to obtain Maximal Inflation Level.***

Add 30*

❹ **Maximal Inflation Level (MIL)** ___ † mmHg **Z2POMX**

† ***If MIL is ≥ 300 mmHg, repeat the MIL. If MIL is still ≥ 300 mmHg, terminate blood pressure measurements.***

❺ Was blood pressure measurement terminated because MIL ≥ 300 mmHg after second reading?

[1] Yes [0] No **Z2BPYN**

Sitting Blood Pressure Measurement #1

❻ **Systolic** **Z2SYS** ___ mmHg

❼ **Diastolic** **Z2DIA** ___ mmHg

Comments (required for missing or unusual values):

Sitting Blood Pressure Measurement #2

❽ **Systolic** **Z2SY2** ___ mmHg

❾ **Diastolic** **Z2DIA2** ___ mmHg

Comments (required for missing or unusual values):

CORE HOME VISIT WORKBOOK
GRIP STRENGTH (Hand-Held Dynamometry)

Exclusion Criteria:

❶ Has any pain or arthritis in your hands gotten worse recently? [1] Yes [0] No **Z2ARWRS**

→ Which hand? **Z2HANDRL**
- [1] Right → Do not test right.
- [2] Left → Do not test left.
- [3] Both right and left → Do not test either hand.

❷ Have you had any surgery on your hands or wrists in the past three months? [1] Yes [0] No

→ Which hand? **Z2WRTRL**
- [1] Right → Do not test right.
- [2] Left → Do not test left.
- [3] Both right and left → Do not test either hand.

Script: "I'd like you to take your right/left arm, rest it on the table, and bend your elbow. Grip the two bars in your hand, like this. You need to slowly squeeze the bars as hard as you can."

Hand the dynamometer to the participant. Adjust if needed.

Script: "Now try it once just to get the feel of it. For this practice, just squeeze gently. It won't feel like the bars are moving, but your strength will be recorded. Are the bars the right distance apart for a comfortable grip?"

Show dial to participant.

Script: "We'll do this two times. This time it counts, so when I say squeeze, squeeze as hard as you can. Ready. Squeeze! Squeeze! Squeeze! Now, STOP."

Right

[-1] Unable to test/exclusion **Z2NOTST**

Z2RTR1 Trial 1 ☐☐ kg [-1] Refused **Z2RF1** ***(Examiner Note: Wait 15-20 seconds before second trial.)***

"Now, one more time. Squeeze as hard as you can. Ready. Squeeze! Squeeze! Squeeze! Now, STOP."

Z2RTR2 Trial 2 ☐☐ kg [-1] Refused **Z2RF2**

Repeat the procedure on the left side.

Script: "Now we'll test your left side. When I say squeeze, squeeze as hard as you can. Ready. Squeeze! Squeeze! Squeeze! Now, STOP."

Left

[-1] Unable to test/exclusion **Z2LNTST**

Z2LTR1 Trial 1 ☐☐ kg [-1] Refused **Z2LRF1** ***(Examiner Note: Wait 15-20 seconds before second trial.)***

"Now, one more time. Squeeze as hard as you can. Ready. Squeeze! Squeeze! Squeeze! Now, STOP."

Z2LTR2 Trial 2 ☐☐ kg [-1] Refused **Z2LRF2**

Health ABC

HABC Enrollment ID #	Acrostic	Staff ID #
H Z2ID4	Z2ACROS4	Z2STFID5

CORE HOME VISIT WORKBOOK
STANDING BALANCE

INTRODUCTION: "I'm going to ask you to stand in several different positions that test your balance. I'll demonstrate each position and then ask you to try to stand in each position for 30 seconds. I'll be near you to provide support, and the wall is close enough to prevent you from falling if you lose your balance. Do you have any questions?"

SEMI-TANDEM STAND

Describe: "First I would like you to try to stand with the side of the heel of one foot touching the big toe of the other foot for about 30 seconds. Please watch while I demonstrate."

Demonstrate and say: "You may put either foot in front, whichever is more comfortable. You can use your arms and body to maintain your balance. Try to hold your feet in position until I say stop. If you lose your balance, take a step like this."

Examiner Note: Allow the participant to hold onto your arm to get balanced.

Test: "Hold onto my arm while you get in position. When you are ready, let go."

Examiner Note: Start timing when the participant lets go. If the participant does not hold onto your arm, start timing when they are in position. Optional script: "Ready, begin."

Z2STS

- **7** Participant refused → Go to Chair Stands.
- **9** Not attempted, unable → Go to Chair Stands.
  (Please comment: _____)
- **1** Unable to attain position or cannot hold for at least one second → STOP Semi-Tandem Stand. Go to Chair Stands.
- **2** Holds position between 1 and 29 seconds → ___ . ___ **Z2STSTM** seconds. Go to Tandem Stand.
- **3** Holds position for 30 seconds → Go to Tandem Stand.

TANDEM STAND

Describe: "Now I would like you to try to stand with the heel of one foot in front of and touching the toes of the other foot. I'll demonstrate.

Demonstrate and say: "Again, you may use your arms and body to maintain your balance. Try to hold your feet in position until I say stop. If you lose your balance, take a step, like this."

Examiner Note: Allow the participant to hold onto your arm to get balanced.

Test: "Hold onto my arm while you get in position. When you are ready, let go."

Trial 1:

Z2TS1

- **7** Participant refused → Go to One-Leg Stand.
- **9** Not attempted, unable → Go to One-Leg Stand.
  (Please comment: _____)
- **1** Unable to attain position or cannot hold for at least one second → Go to Trial 2.
- **2** Holds position between 1 and 29 seconds → ___ . ___ **Z2TSTM** seconds. Go to Trial 2.
- **3** Holds position for 30 seconds → Go to One-Leg Stand.

TANDEM STAND

Perform a second trial: "Now, let's do the same thing one more time."

Trial 2:

Z2TS2

7 Participant refused → Go to One-Leg Stand.

9 Not attempted, unable → Go to One-Leg Stand.

(Please comment: _____)

1 Unable to attain position or cannot hold for at least one second → Go to One-Leg Stand.

2 Holds position between 1 and 29 seconds → [ ][ ].[ ][ ] **Z2TS2TM** seconds Go to One-Leg Stand.

3 Holds position for 30 seconds → Go to One-Leg Stand.

ONE-LEG STAND

Describe: "For the last position, I would like you to try to stand on one leg for 30 seconds. You may stand on either leg, whichever is more comfortable. I'll demonstrate."

Demonstrate and say: "Try to hold your foot up until I say stop. If you lose your balance put your foot down."

Examiner Note: Allow the participant to hold onto your arm to get balanced.

Test: "Hold onto my arm while you get in position. When you are ready, let go."

Trial 1:

Z2TR1

7 Participant refused → Go to Chair Stands.

9 Not attempted, unable → Go to Chair Stands.

(Please comment: _____)

1 Unable to attain position or cannot hold for at least one second → Go to Trial 2.

2 Holds position between 1 and 29 seconds → [ ][ ].[ ][ ] **Z2TR1TM** seconds Go to Trial 2.

3 Holds position for 30 seconds → Go to Chair Stands.

Perform a second trial: "Now, let's do the same thing one more time."

Trial 2:

Z2TR2

7 Participant refused → Go to Chair Stands.

9 Not attempted, unable → Go to Chair Stands.

(Please comment: _____)

1 Unable to attain position or cannot hold for at least one second → Go to Chair Stands.

2 Holds position between 1 and 29 seconds → [ ][ ].[ ][ ] **Z2TR2TM** seconds Go to Chair Stands.

3 Holds position for 30 seconds → Go to Chair Stands.

CORE HOME VISIT WORKBOOK
CHAIR STANDS

SINGLE CHAIR STAND

Describe: "This is a test of strength in your legs in which you stand up from sitting without using your arms."

Demonstrate and say: "Fold your arms across your chest, like this, and stand when I say GO, keeping your arms in this position. OK?

"Test: "Ready, Go!"

Z2SCS

- 7 Participant refused → Go to 4-meter walk.
- 9 Not attempted, unable (*Please comment:* _____) → Go to 4-meter walk.
- 0 Unable to stand → Go to 4-meter walk.
- 1 Rises using arms → Go to 4-meter walk.
- 2 Stands without using arms → Go to Repeated Chair Stands.
- 3 No suitable chair → Go to 4-meter walk.

REPEATED CHAIR STANDS

Describe: "This time, I want you to stand up five times **as quickly as you can** keeping your arms folded across your chest."

Demonstrate and say: "When you stand up, come to a full standing position each time, and when you sit down, sit all the way down each time. I will demonstrate two chair stands to show you how it is done.

"Examiner Note: Rise two times as quickly as you can, counting as you sit down each time.

Test: "When I say 'Go' stand five times in a row, **as quickly as you can**, without stopping. Stand up all the way, and sit all the way down each time.

"Ready, Go!"

Examiner Note: Start timing as soon as the examiner says "Go." Count: "1, 2, 3, 4, 5" as the participant sits down each time.

- 7 Participant refused

Z2RCS

- 9 Not attempted, unable (*Please comment:* _____)
- 1 Attempted, unable to complete 5 stands → [ ] Number completed **Z2COMP**
- 2 Completes 5 stands → **Z2SEC** [ ][ ].[ ][ ] Seconds to complete

Unusual values?

1 Yes 0 No **Z2UN**

Comments: _____

Health ABC

HABC Enrollment ID #	Acrostic	Staff ID #
H Z2ID6	Z2ACROS6	Z2STFID7

CORE HOME VISIT WORKBOOK
4-METER WALK

Examiner Note: Measure out 4 meters for the walk. If a 4-meter space is not available, measure 3 meters.

1 Which walk was set up? **Z24MW**

[1] 4-meter [2] 3-meter [0] None: No 3-meter space was available → Go to Ultrasound.

USUAL PACE WALK

2 *Describe the 4-meter walk and demonstrate how to walk past the tape.*

Script: "This is a three part walking test. The first and second parts test your usual walking speed. Please walk past the tape, then stop. Now, wait until I say 'Go'. For the first part of this test, I want you to walk at your usual walking pace. Any questions?"

3 *To start the test, say,*

Script: "Ready, Go."

4 *Start timing with the first footfall over the start line (participant's foot touches the floor). Stop timing with the participant's first footfall over the finish line at 4-meters (or 3-meters). You will need to walk a few steps behind the participant. Start timing with the first footfall over the starting line (participant's foot touches the floor.)*

Z24MWTM1
Time on stopwatch: [ ][ ].[ ][ ]
Second Hundredths/Sec

Examiner Note: If greater than 30 seconds mark as "Attempted, but unable to complete." Do not record time. Explain in comment section.

[7] Participant refused → Go to Ultrasound.

Z24MW1

[9] Not attempted, unable → Go to Ultrasound.
(Please comment: _____)

[1] Attempted, but unable to complete → Go to Ultrasound.
(Please comment: _____)

5 *Reset the stopwatch and have the participant repeat the usual-pace walk.*

Script: "For the next part of the test, I want you to walk again at your usual walking pace. When you walk past the tape please stop. Ready, Go."

Time on stopwatch: [ ][ ].[ ][ ] **Z24MWTM2**
Second Hundredths/Sec

6 RAPID WALK

Reset the stopwatch and instruct the participant to walk as quickly as they can for the third portion of the test.

Script: "When I say go, I want you to walk as fast as you can. Ready, Go."

Time on stopwatch: [ ][ ].[ ][ ] **Z24MWTM3**
Second Hundredths/Sec

[7] Participant refused → Go to Ultrasound.

Z24MW3

[9] Not attempted, unable → Go to Ultrasound.
(Please comment: _____)

[1] Attempted, but unable to complete → Go to Ultrasound.
(Please comment: _____)

7 Was the participant using a walking aid, such as a cane or walker?

[1] Yes [0] No **Z2WLKAID**

Page Link # [ ]

Version 1.0, 2/15/99

Draft

Health ABC

HABC Enrollment ID #	Acrostic	Staff ID #
H Z2ID7	Z2ACROS7	

Z2STFID8

CORE HOME VISIT WORKBOOK
ULTRASOUND

1 Have you broken any bone in your right leg, ankle, or foot in the past year?
(Examiner Note: Do not include isolated toe fractures.) **Z2BKFOOT**

[1] Yes [0] No [8] Don't know [7] Refused

Have you broken any bone in your left leg, ankle, or foot in the past year?
(Examiner Note: Do not include isolated toe fractures)

[1] Yes [0] No [8] Don't know **Z2BKLEFT**

Which side was most recently broken? **Z2BKSIDE**

[1] Right → Scan left foot.
[2] Left → Scan right foot.
[8] Don't know → Go to question #2.

2 Have you ever broken your right heel bone? **Z2BKRHL**

[1] Yes [0] No [8] Don't know [7] Refused

→ Scan left foot.

3 Do you have any permanent weakness in your legs, ankles or feet from an old injury or stroke?
(Examiner Note: Do not include isolated toe fractures.) **Z2WKLEGS**

[1] Yes [0] No [8] Don't know [7] Refused

Which side is weaker? **Z2SIDEWK**

[1] Right → Scan left foot; unless contraindicated in question #1 and #2 above.
[2] Left → Scan right foot; unless contraindicated in question #1 and #2 above.
[3] Right and left are equally weak → Scan right foot.

4 Sahara serial #: [ ][ ][ ][ ][ ] **Z2SERIAL**

5 Which foot was scanned? **Z2BUSCAN**

[1] Right [2] Left [3] Scan not attempted [4] Scan not completed

Why was the left foot scanned? **Z2BULEFT**
- [1] Fracture
- [2] Permanent weakness on right side
- [3] Hardware
- [4] Other *(Please specify: _____)*

Why wasn't the scan attempted? **Z2BUCOMP**
- [1] Participant refused
- [2] Equipment problem
- [3] Foot too big/edema/deformity
- [4] Other *(Please specify: _____)*

Why wasn't the scan completed? **Z2BUNOSC**
- [1] Out of range reading
- [2] Invalid measurement
- [3] Other *(Please specify: _____)*

6 Measurement #1:

QUI [ ][ ][ ].[ ] units **Z2BUQUI1**

BUA **Z2BUBUA1** [ ][ ][ ].[ ] units → Did BUA result have an asterisk? [1] Yes [0] No **Z2BUAST1**

SOS [ ][ ][ ].[ ] m/s **Z2BUSOS1**

Measurement #2:

QUI [ ][ ][ ].[ ] units **Z2BUQUI2**

BUA **Z2BUBUA2** [ ][ ][ ].[ ] units → Did BUA result have an asterisk? [1] Yes [0] No **Z2BUAST2**

SOS [ ][ ][ ].[ ] m/s **Z2BUSOS2**

7 What is the difference between BUA measurement #1 and BUA measurement #2?

[ ][ ][ ].[ ] units **Z2BUDIF1**

a. Was the difference between BUA measurement #1 and BUA measurement #2 ≥ 10 units?

[1] Yes [0] No **Z2BUDIF2**

→ Repeat scan and record results in section #7 below.

b. Did both BUA measurement #1 and BUA measurement #2 have an asterisk?

[1] Yes [0] No **Z2BU2AST**

→ Repeat scan and record results in section #7 below.

8

QUI [ ][ ][ ].[ ] units **Z2BUQUI3**

BUA **Z2BUBUA3** [ ][ ][ ].[ ] units → Did BUA result have an asterisk? [1] Yes [0] No **Z2BUAST3**

SOS [ ][ ][ ].[ ] m/s **Z2BUSOS3**

CORE HOME VISIT WORKBOOK
BONE DENSITY (DXA) SCAN

1 Do you have breast implants? **Z2BI**

[1] Yes [0] No

- Flag scan for review by DXA Reading Center.
- Indicate in the table below whether breast implant is in "Left ribs" or "Right ribs"

2 Do you have any metal objects in your body, such as a pacemaker, staples, screws, plates, etc.?

[1] Yes [0] No **Z2MO**

a. Flag scan for review by DXA Reading Center.

b. Indicate in the table the location of joint replacement, hardware or other artifacts (sub regions are those defined by the whole body scan analysis.)

Sub	Hardware	Other Artifacts	
Head	[1]	[2]	**Z2HEAD**
Left arm	[1]	[2]	**Z2LA**
Right arm	[1]	[2]	**Z2RA**
Left ribs	[1]	[2]	**Z2LR**
Right ribs	[1]	[2]	**Z2RR**
Thoracic spine	[1]	[2]	**Z2TS**
Lumbar spine	[1]	[2]	**Z2LS**
Pelvis	[1]	[2]	**Z2PEL**
Left leg	[1]	[2]	**Z2LL**
Right leg	[1]	[2]	**Z2RL**

❸ Have you had any of the following tests within the past ten days?

	Yes	No	
a. Barium enema	1 *	0	Z2BE
b. Upper GI X-ray series	1 *	0	Z2UGI
c. Lower GI X-ray series	1 *	0	Z2LGI
d. Nuclear medicine scan	1 *	0	Z2NUKE
e. Other tests using contrast ("dye") or radioactive materials	1 *	0	Z2OTH2

(*Examiner Note: If yes to any, reschedule bone density measurement so that at least 10 days will have passed since the tests were performed.)

❹ Was a bone density measurement obtained for…?

Z2WB
a. Whole Body 1 Yes 0 No

Last 2 characters of scan ID #: **Z2SCAN1**

Date of scan: **Z2SCDTE1** Month / Day / Year

Z2HIP
b. Hip 1 Yes 0 No

Last 2 characters of scan ID #: **Z2SCAN2**

Date of scan: **Z2SCDTE2** Month / Day / Year

Health ABC

HABC Enrollment ID #	Acrostic	Date Form Completed	Staff ID #
H Z1ID	Z1ACROS	Month / Day / Year Z1DATE	Z1STFID

YEAR 2 HOME VISIT: PHLEBOTOMY

Bar Code Label

Z1BRCD1

1 Do you bleed or bruise easily?

1 Yes 0 No 8 Don't know **Z1BLBR**

2 Have you ever experienced fainting spells while having blood drawn?

1 Yes 0 No 8 Don't know **Z1FNT**

3 Time at start of venipuncture? **Z1VTM**

Hours : Minutes 1 am 2 pm **Z1AMPM4**

a. Was any blood drawn?

1 Yes 0 No **Z1BLDR**

Please describe why not?

4 Time blood draw completed: **Z1BLDRTM**

Hours : Minutes 1 am 2 pm **Z1AMPM5**

5 Total tourniquet time:
(If tourniquet was reapplied, enter total time tourniquet was on. Note that 2 minutes is optimum.)

minutes **Z1TOUR**

Comments on phlebotomy:

6 Quality of venipuncture: **Z1QVEN**

1 Clean 2 Traumatic

1 Vein collapse
2 Hematoma
3 Vein hard to get
4 Multiple sticks
5 Excessive duration of draw
6 Leakage at venipuncture site
7 Other *(Please specify:)* **Z1TRM**

7 Were tubes filled to specified capacity? If not, comment why.

Blood Volume/Tube		Filled to Capacity? Yes	No	Comment
1. EDTA	10 ml	1	0 →	Z1BV1
2. CPT	8 ml	1	0 →	Z1BV2
3. CPT	8 ml	1	0 →	Z1BV3
4. EDTA	10 ml	1	0 →	Z1BV4
5. Serum	10 ml	1	0 →	Z1BV5
6. Serum	10 ml	1	0 →	Z1BV6
Urine:				
1. Urine	(50-60 ml)	1	0 →	Z1UV1

8 What is the date and time you last ate or drank anything except water?

a. Date of last meal: Month / Day / Year **Z1LMD**

b. Time of last meal: **Z1MHM**

Hours : Minutes **Z1LMAPM** 1 am 2 pm

c. How many hours has participant fasted? **Z1FAST**

hours **(Question 4 minus Question 8b. Round to nearest hour)**

LCBR Use only: Received Date:_____ Time:_____

Frozen? Yes No

Page Link # **Z1LINK**

Version 1.0, 2/15/99

Draft

Health ABC

HABC Enrollment ID #	Acrostic	Date Form Completed	Staff ID #
H		/ /	
Z1ID2	Z1ACROS2	Month Day Year Z1DATE2	Z1STFID2

YEAR 2 HOME VISIT: LABORATORY PROCESSING

Bar Code Label

Z1BRCD2

Z1TIME6

Time at start of processing: : (1) am (2) pm Z1AMPM6

Collection Tubes	Cryo #	Vol.	Type	To	Check "X"	Problems
#1, 4 Vitamin C	01	0.5	Y/2.0	M Z101X	-1	1 H 2 P Z101HP
#1, 4 EDTA	02	0.5	W/0.5	L Z102X		H P Z102HP
	03	0.5	W/0.5	M Z103X		H P Z103HP
	04	0.5	W/0.5	M Z104X		H P Z104HP
	05	0.5	W/0.5	M Z105X		H P Z105HP
	06	0.5	W/0.5	M Z106X		H P Z106HP
	07	1.0	W/1.5	M Z107X		H P Z107HP
	08	1.0	W/1.5	M Z108X		H P Z108HP
	09	1.0	W/1.5	M Z109X		H P Z109HP
	10	1.0	W/1.5	M Z110X		H P Z110HP
	11	0.5	W/0.5	M Z111X		H P Z111HP
Z1DNA	12	0.5	W/0.5	M Z112X		H P Z112HP
#2, 3 Buffy	13	var	C/2.0	M*	Z113X	H P Z113HP
-1 Refused DNA collection	14	var	C/2.0	M*	Z114X	H P Z114HP
#2, 3 Platelets	15	var	O/2.0	M	Z115X	H P Z115HP
	16	var	O/2.0	M	Z116X	H P Z116HP

Collection Tubes	Cryo #	Vol.	Type	To	Check "X"	Problems
#2, 3 Citrate	17	0.5	B/0.5	M Z117X	-1	1 H 2 P Z117HP
	18	0.5	B/0.5	M Z118X		H P Z118HP
	19	0.5	B/0.5	M Z119X		H P Z119HP
	20	0.5	B/0.5	M Z120X		H P Z120HP
#5, 6 Serum	21	1.0	R/1.5	L Z121X		H P Z121HP
	22	0.5	R/0.5	M Z122X		H P Z122HP
	23	0.5	R/0.5	M Z123X		H P Z123HP
	24	0.5	R/0.5	M Z124X		H P Z124HP
	25	0.5	R/0.5	M Z125X		H P Z125HP
	26	0.5	R/0.5	M Z126X		H P Z126HP
	27	1.0	R/1.5	M Z127X		H P Z127HP
	28	1.0	R/1.5	M Z128X		H P Z128HP
	29	1.0	R/1.5	M Z129X		H P Z129HP
	30	0.5	R/0.5	M Z130X		H P Z130HP
	31	0.5	R/0.5	M Z131X		H P Z131HP
URINE	32	2.0	V/2.0	M Z132X		Z132HP P
	33	20	V/20	M Z133X		Z133HP P
(acidified)	34	2.0	G/2.0	M Z134X		Z134HP P
	35	20	G/20	M Z135X		Z135HP P

L=LCBR; M=McKesson; H=Hemolyzed; P=Partial; W=white; C=clear; Y=Vitamin C; B=blue; R=red; V=violet G=green, O=Orange

***Place in a styrofoam box at -20°C for 2 hours. Transfer to -80°C to hold for shipping.**

Draft

Health ABC

HABC Enrollment ID #	Acrostic	Date Form Completed	Staff ID #
BLID	BLACROS	BLDATE (Month / Day / Year)	BLSTFID

SEMI-ANNUAL TELEPHONE CONTACT

Telephone contact: **BLCONTAC**

- 2 18-mo
- 3 30-mo
- 4 42-mo
- 5 54-mo
- 6 66-mo
- 7 78-mo
- 8 Other *(Please specify)* _____

Date of last contact: ___/___/___ (Month / Day / Year) **BLDTCON**

I would like to ask you some questions that we asked you about 6 months ago, on (date of last contact). The reason for asking them again is to find out how you've been doing during the past six months.

1. In general, how would you say your health is? Would you say it is. . . **BLHSTAT**
(Interviewer Note: Read response options.)

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 8 Don't know
- 7 Refused

2. Since we last spoke to you about 6 months ago, did you stay in bed all or most of the day because of an illness or injury? Please include days that you were a patient in a hospital. **BLBED12**

- 1 Yes
- 0 No
- 8 Don't know
- 7 Refused

About how many days did you stay in bed all or most of the day because of an illness or injury? Please include days that you were a patient in a hospital.
(Interviewer Note: If necessary, probe - "If you are unsure, please make your best guess.")

___ days **BLBEDDAY**

3. Since we last spoke to you about 6 months ago, did you cut down on the things you usually do, such as going to work or working around the house, because of an illness or injury? Please include days in bed. **BLCUT12**

- 1 Yes
- 0 No
- 8 Don't know
- 7 Refused

How many days did you cut down on the things you usually do because of illness or injury? Please include days in bed.
(Interviewer Note: If necessary, probe - "If you are unsure, please make your best guess.")

___ days **BLCUTDAY**

Page Link # _____ **BLLINK**

Version 1.0, 11/16/98

Draft

4. Since we last spoke to you about 6 months ago, did you stay overnight as a patient in a nursing home or rehabilitation center? **BLMCNH**

[1] Yes [0] No [8] Don't know [7] Refused

5. Since we last spoke to you about 6 months ago, did you receive care at home from a visiting nurse, home health aide, or nurse's aide? **BLMCVN**

[1] Yes [0] No [8] Don't know [7] Refused

6. This next question refers to the past 3 months. In the past three months, have you had a cold or flu that was bad enough to keep you in bed for all or most of the day? **BLFLU**

[1] Yes [0] No [8] Don't know [7] Refused

a. Did you take your temperature? **BLTEMP**

[1] Yes [0] No [8] Don't know

Go to Question #6b

Was your temperature 100° or higher? **BLTEMPHI**

[1] Yes [0] No [8] Don't know

b. Did a doctor or nurse tell you that you had the flu or a fever? **BLFLUDR**

[1] Yes [0] No [8] Don't know

c. Did you have body aches, chills, or muscle weakness that lasted two or more days? **BLACHES**

[1] Yes [0] No [8] Don't know

d. Were you hospitalized overnight for pneumonia or bronchitis following the illness? **BLPNEU**

[1] Yes [0] No [8] Don't know

7. Because of a health or physical problem, do you have any difficulty walking a quarter of a mile, that is about 2 or 3 blocks? ***(Interviewer Note: If the participant responds "Don't do," probe to determine whether this is because of a health or physical problem. If the participant doesn't walk because of a health or physical problem, check "Yes." If the participant doesn't walk for other reasons, check "Don't do.")***

BLDWQMYN

- [1] Yes
- [0] No → Go to Question #7c
- [8] Don't know → Go to Question #7c
- [7] Refused → Go to Question #7c
- [9] Don't do → Go to Question #8

a. How much difficulty do you have? ***(Interviewer Note: Read response options.)***

BLDWQMDF

- [1] A little difficulty
- [2] Some difficulty
- [3] A lot of difficulty
- [4] Or are you unable to do it?
- [8] Don't know

b. What is the <u>main</u> reason that you have difficulty? Is it because of arthritis, shortness of breath, heart disease, or some other reason?
(Interviewer Note: If "some other reason," probe for response. Do NOT read response options. Mark only ONE answer.)

BLMNRS

- [1] Arthritis
- [2] Back pain
- [3] Balance problems/unsteadiness on feet
- [4] Cancer
- [5] Chest pain/discomfort
- [6] Circulatory problems
- [7] Diabetes
- [8] Fatigue/tiredness (no specific disease)
- [9] Fall
- [10] Heart disease (including angina, congestive heart failure, etc)
- [11] High blood pressure/hypertension
- [12] Hip fracture
- [13] Injury (Please specify: _____)
- [14] Joint pain
- [15] Lung disease (asthma, chronic bronchitis, emphysema, etc)
- [16] Old age (no mention of a specific condition)
- [17] Osteoporosis
- [18] Shortness of breath
- [19] Stroke

BLMNRS4

- [1] Other symptom (Please specify: _____)
- [2] Multiple conditions/symptoms given; unable to determine MAIN reason
- [8] Don't know

Go to Question #8

Page Link #

Version 1.0, 11/16/98

Draft

7c. How easy is it for you to walk a quarter of a mile? **BLDWQMEZ**
(Interviewer Note: Read response options.)

- [1] Very easy
- [2] Somewhat easy
- [3] Or not that easy
- [8] Don't know/Don't do

7d. Do you get tired when you walk a quarter of a mile? **BLDWQMT2**

- [1] Yes
- [0] No
- [8] Don't know/Don't do

7e. Because of a health or physical problem, do you have any difficulty walking a distance of one mile, that is about 8 to 12 blocks? **BLDW1MYN**

- [1] Yes → Go to Question #8
- [0] No → Go to Question #7f
- [8] Don't know/Don't do → Go to Question #7f

7f. How easy is it for you to walk one mile? **BLDW1MEZ**
(Interviewer Note: Read response options.)

- [1] Very easy
- [2] Somewhat easy
- [3] Or not that easy
- [8] Don't know/Don't do

8. Because of a health or physical problem, do you have any difficulty walking up 10 steps, that is about 1 flight, without resting? ***(Interviewer Note: If the participant responds "Don't do", probe to determine whether this is because of a health or physical problem. If the participant doesn't walk up 10 steps because of a health or physical problem, check "Yes". If the participant doesn't walk up steps for other reasons, such as there are simply no steps in the area, check "Don't do".)*** **BLDW10YN**

- [1] Yes
- [0] No → Go to Question #8c
- [8] Don't know → Go to Question #8c
- [7] Refused → Go to Question #8c
- [9] Don't do → Go to Question #9

a. How much difficulty do you have? **BLDIF**
(Interviewer Note: Read response options.)

- [1] A little difficulty
- [2] Some difficulty
- [3] A lot of difficulty
- [4] Or are you unable to do it?
- [8] Don't know

b. What is the main reason that you have difficulty? Is it because of arthritis, shortness of breath, heart disease, or some other reason?
(Interviewer Note: If "some other reason," probe for response. Do NOT read response options. Mark only ONE answer.)

BLMNRS2

- [1] Arthritis
- [2] Back pain
- [3] Balance problems/unsteadiness on feet
- [4] Cancer
- [5] Chest pain/discomfort
- [6] Circulatory problems
- [7] Diabetes
- [8] Fatigue/tiredness (no specific disease)
- [9] Fall
- [10] Heart disease (including angina, congestive heart failure, etc)
- [11] High blood pressure/hypertension
- [12] Hip fracture
- [13] Injury (Please specify: _____)
- [14] Joint pain
- [15] Lung disease (asthma, chronic bronchitis, emphysema, etc)
- [16] Old age (no mention of a specific condition)
- [17] Osteoporosis
- [18] Shortness of breath
- [19] Stroke
- [1] Other symptom (Please specify: **BLMNRS3** _____)
- [2] Multiple conditions/symptoms given; unable to determine MAIN reason
- [8] Don't know

Go to Question #9

Page Link #

8c. How easy is it for you to walk up 10 steps without resting? **BLDW10EZ**
(Interviewer Note: Read response options.)

- [1] Very easy
- [2] Somewhat easy
- [3] Or not that easy
- [8] Don't know/Don't do

8d. Do you get tired when you walk up 10 steps without resting? **BLDW10WX**

- [1] Yes
- [0] No
- [8] Don't know/Don't do

8e. Because of a health or physical problem, do you have any difficulty walking up 20 steps, that is about 2 flights, without resting? **BLDW20YN**

- [1] Yes → Go to Question #9
- [0] No → Go to Question #8f
- [8] Don't know/Don't do → Go to Question #8f

8f. How easy is it for you to walk up 20 steps without resting? **BLDW20EZ**
(Interviewer Note: Read response options.)

- [1] Very easy
- [2] Somewhat easy
- [3] Or not that easy
- [8] Don't know/Don't do

9. In general, would you say that your appetite or desire to eat has been. . . ? **BLAPPET**
(Interviewer Note: Read response options.)

- [1] Very good
- [2] Good
- [3] Moderate
- [4] Poor
- [5] Very poor
- [8] Don't know
- [7] Refused

10. How much do you currently weigh?
(Interviewer Note: If necessary, probe - "If you are unsure, please make your best guess.")

[ ][ ][ ] pounds
BLWTLBS

[8] Don't know/don't remember [7] Refused
BLLBS2

11. Since we last spoke to you about 6 months ago, has your weight changed by 5 or more pounds?
BLCHN5LB

[1] Yes [0] No [8] Don't know [7] Refused

a. Did you gain or lose weight? **BLGNLS**

[1] Gain [2] Lose [8] Don't know/don't remember

b. How many pounds did you gain/lose in the past 6 months?
(Interviewer Note: If necessary, probe - "If you are unsure, please make your best guess.")

[ ][ ] pounds
BLHOW6

[8] Don't know/don't remember [7] Refused
BLHOW6DN

c. Were you trying to gain/lose weight?

[1] Yes [0] No [8] Don't know **BLTRGNLS**

12. At the present time, are you trying to lose weight? **BLTRYLOS**

[1] Yes [0] No [8] Don't know [7] Refused

SEMI-ANNUAL TELEPHONE CONTACT

Now I'm going to ask you about any medical problems you might have had since we last spoke to you about 6 months ago, which was on ☐☐ / ☐☐ / ☐☐ (Month / Day / Year)

13. Since we last spoke to you about 6 months ago, has a doctor told you that you had a heart attack, angina, or chest pain due to heart disease? **BLHCHAMI**

1 Yes 0 No 8 Don't know 7 Refused

Were you hospitalized overnight for this problem? **BLHOSMI**

1 Yes

Complete a Health ABC Event Form(s), Section I, for each overnight hospitalization.
Record reference #'s below:

a. ☐☐☐☐☐ **BLREF13A**

b. ☐☐☐☐☐ **BLREF13B**

c. ☐☐☐☐☐ **BLREF13C**

0 No → Go to Question #14

---

14. Since we last spoke to you about 6 months ago, has a doctor told you that you had a stroke, mini-stroke, or TIA ? **BLHCCVA**

1 Yes 0 No 8 Don't know 7 Refused

Were you hospitalized overnight for this problem? **BLHOSMI2**

1 Yes

Complete a Health ABC Event Form(s), Section I, for each overnight hospitalization.
Record reference #'s below:

a. ☐☐☐☐☐ **BLREF14A**

b. ☐☐☐☐☐ **BLREF14B**

c. ☐☐☐☐☐ **BLREF14C**

0 No → Go to Question #15

---

15. Since we last spoke to you about 6 months ago, has a doctor told you that you had congestive heart failure? **BLCHF**

1 Yes 0 No 8 Don't know 7 Refused

Were you hospitalized overnight for this problem? **BLHOMI3**

1 Yes

Complete a Health ABC Event Form(s), Section I, for each overnight hospitalization.
Record reference #'s below:

a. ☐☐☐☐☐ **BLREF15A**

b. ☐☐☐☐☐ **BLREF15B**

c. ☐☐☐☐☐ **BLREF15C**

0 No → Go to Question #16

Page Link # ☐

Version 1.0, 11/16/98

Draft

16. Since we last spoke to you about 6 months ago, has a doctor told you that you had cancer? We are specifically interested in hearing about a cancer that your doctor diagnosed for the first time since we last spoke to you. **BLCHMGMT**

[1] Yes [0] No [8] Don't know [7] Refused

Complete a Health ABC Event Form(s), Section II, for each event.
Record reference #'s below:

a. [ ][ ][ ][ ][ ] **BLREF16A**

b. [ ][ ][ ][ ][ ] **BLREF16B**

c. [ ][ ][ ][ ][ ] **BLREF16C**

17. Since we last spoke to you about 6 months ago, has a doctor told you that you had pneumonia?

[1] Yes [0] No [8] Don't know [7] Refused **BLLCPNEU**

Complete a Health ABC Event Form(s), Section II, for each event.
Record reference #'s below:

a. [ ][ ][ ][ ][ ] **BLREF17A**

b. [ ][ ][ ][ ][ ] **BLREF17B**

c. [ ][ ][ ][ ][ ] **BLREF17C**

18. Since we last spoke to you about 6 months ago, have you been told by a doctor that you broke or fractured a bone(s)? **BLOSBR45**

[1] Yes [0] No [8] Don't know [7] Refused

Complete a Health ABC Event Form(s), Section II, for each event.
Record reference #'s below:

a. [ ][ ][ ][ ][ ] **BLREF18A**

b. [ ][ ][ ][ ][ ] **BLREF18B**

c. [ ][ ][ ][ ][ ] **BLREF18C**

SEMI-ANNUAL TELEPHONE CONTACT

19. Were you hospitalized <u>overnight</u> for any other reasons since we last spoke to you about 6 months ago?

[1] Yes [0] No [8] Don't know [7] Refused **BLHOSP12**

Complete a Health ABC Event Form(s), Section I, for each event.
Record reference #'s and reason for hospitalization below.

a. [ ][ ][ ][ ][ ]
Reason for hospitalization: **BLREF19A**

b. [ ][ ][ ][ ][ ]
Reason for hospitalization: **BLREF19B**

c. [ ][ ][ ][ ][ ]
Reason for hospitalization: **BLREF19C**

d. [ ][ ][ ][ ][ ]
Reason for hospitalization: **BLREF19D**

e. [ ][ ][ ][ ][ ]
Reason for hospitalization: **BLREF19E**

f. [ ][ ][ ][ ][ ]
Reason for hospitalization: **BLREF19F**

20. Have you had any <u>same day outpatient</u> surgery since we last spoke to you about 6 months ago?

[1] Yes [0] No [8] Don't know [7] Refused **BLOUTPA**

Was it for. . .?

Reference #'s

a. A procedure to open a blocked artery — **BLBLART**
[1] Yes → ***Complete a Health ABC Event Form, Section III. Record reference #:*** [ ][ ][ ][ ][ ] **BLREF20A**
[0] No
[8] Don't know

b. Gall bladder surgery — **BLGALLBL**
[1] Yes
[0] No
[8] Don't know

c. Cataract surgery — **BLCATAR**
[1] Yes
[0] No
[8] Don't know

d. Hernia repair — **BLHERN**
[1] Yes
[0] No
[8] Don't know

e. TURP (MEN ONLY) (transurethral resection of prostate) — **BLTURP**
[1] Yes
[0] No
[8] Don't know

f. Other — **BLOTH**
[1] Yes →
[0] No
[8] Don't know

Please specify the type of outpatient surgery.
i. _____
ii. _____
iii. _____

Page Link # [ ]

Version 1.0, 11/16/98

Draft

21. Do you expect to move or have a different mailing address in the next 6 months? **BLMOVE**

Yes [1] No [0] Don't know [8] Refused [7]

What will be your new mailing address?

New address:

Street Address Apt/Room

City State Zip Code

[1] Permanent address

[2] Winter address **BLADDRES**

[3] Other ***(Please describe:*** _____ ***)***

Telephone: ( ) _____

Area Code Number

Date new address/phone number effective: [ ][ ]/[ ][ ]/[ ][ ] **BLMOVDA**

Month Day Year

Thank you very much for answering these questions. I enjoyed talking with you. Please remember to call us if you are admitted to a hospital or nursing home for any reason so that we can better understand changes in your health. We would also like to hear from you if you move or if your mailing address changes. I look forward to seeing you in the Health ABC clinic during your annual visit about six months from now.

Page Link #

Health ABC

HABC Enrollment ID #	Acrostic	Date Form Completed	Staff ID #
H		/ /	
BJID	BJACROS	Month Day Year BJDATE	BJSTFID

MISSEDFOLLOW-UPCONTACT

Complete this form for each regularly scheduled follow-up clinic visit or telephone contact that has been missed and cannot be made-up.

1 Type of Follow-up Contact Missed

BJTYPE

① Annual Clinic Visit →

Which visit? BJVISIT

② Year 02
③ Year 03
④ Year 04
⑤ Year 05
⑥ Year 06
⑦ Year 07

BJVISIT

② Semi-Annual Phone Interview →

Which contact? BJCONTAC

① 6-mo
② 18-mo
③ 30-mo
④ 42-mo
⑤ 54-mo
⑥ 66-mo
⑦ 78-mo

BJCONTAC

2 Reason Follow-up Contact Missed BJREASON

Please check the primary reason for the missed follow-up visit or telephone contact.
Check **only one** reason.

① Illness/health problem(s)
② Hearing difficulties
③ Cognitive difficulties
④ In nursing home/long-term care facility
⑤ Too busy; time and/or work conflict
⑥ Caregiving responsibilities
⑦ Physician's advice
⑧ Family member's advice
⑨ Clinic too far/travel time
⑩ Moved out of area
⑪ Travelling/on vacation
⑫ Personal problem(s)
⑬ Unable to contact/unable to locate
⑭ Refused to give reason
⑮ Modified follow-up regimen (e.g. will only agree to one contact per year)
⑱ Withdrew from study/withdrew informed consent
⑯ Deceased
⑰ Other *(Please specify:* _____ *)*

3 Comments

_____

_____

_____

Draft